

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amelie Mimoso</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ 237,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 237,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 44,847.28
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 281,847.28

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ 138,175.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 138,175.00
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ 6,121.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 6,121.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 51,105.93
		<b>Your total liabilities</b> \$ 195,401.93

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ 6,827.16
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 6,827.16
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ 6,066.17
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 6,066.17

#### Part 4: Answer These Questions for Administrative and Statistical Records

##### 6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

##### 7. What kind of debt do you have?

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 8,374.99

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>6,121.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	\$ <u>6,121.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amelie Mimoso</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>MIDDLE DISTRICT OF PENNSYLVANIA</b>			
Case number	<b>1:20-bk-01242</b>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

#### 512 W. Areba Avenue

Street address, if available, or other description

Hershey PA 17033-0000  
City State ZIP Code

#### Dauphin

County

##### What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

**\$237,000.00**

Current value of the portion you own?

**\$237,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Check if this is community property  
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Value per appraisal - see attached

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$237,000.00**

#### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No  
 Yes

3.1 Make: **Mitsubishi**  
 Model: **Lancer**  
 Year: **2016**  
 Approximate mileage: **25,544**  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$9,469.00** **\$9,469.00**

3.2 Make: **Nissan**  
 Model: **Versa**  
 Year: **2011**  
 Approximate mileage: **98,000**  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property? Check one**  
 Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
  
 **Check if this is community property**  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?** **Current value of the portion you own?**

**\$6,727.00** **\$6,727.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No  
 Yes

**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>**

**\$16,196.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

- No  
 Yes. Describe.....

**Furniture, appliances, hand tools, books, guitar, lawn mower, sewing machine, luggage and nebulizer**

**\$905.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No  
 Yes. Describe.....

**(2) TVs, computer, printer and tablet**

**\$625.00**

**8. Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

**Men and women's clothing**

**\$500.00**

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

**Jewelry**

**\$1,000.00**

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

**3 dogs**

**\$100.00**

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

**\$3,130.00**

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

**Cash**

**\$2.00**

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. checking	<b>Members First Federal Credit Union (joint)</b>	<b>\$100.00</b>
17.2. savings	<b>Members First Federal Credit Union (joint)</b>	<b>\$5.00</b>
17.3. savings	<b>Scotiabank (Debtor 2 only)</b>	<b>\$2,120.79</b>
17.4. checking	<b>Members First Federal Credit Union (Funds in account belong to daughter, Natalie A. Mimoso)</b>	<b>\$151.83</b>
17.5. savings	<b>Members First Federal Credit Union (Funds in account belong to daughter, Natalie A. Mimoso)</b>	<b>\$2,949.94</b>

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

<b>10/shares of Rite Aid Corporation Stock at \$15.47/share (joint)</b>	<b>\$154.70</b>
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**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No

Yes. Give specific information about them.....

Name of entity:

% of ownership:

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**2018**

**Local tax refund**

**\$126.00**

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

**Debtor husband's share (1/4) of mother's estate consisting of 2 story home located at A-15 Angel L. Ortiz (A) St. Paradis Dev, Caguas, Puerto Rico 00725 (value \$96,000.00). There are past due real estate due on the property in the amount of \$6,755.91.**

**\$19,911.02**

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- No  
 Yes. Describe each claim.....

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$25,521.28**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

- No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

<b>55. Part 1: Total real estate, line 2</b>	.....	<b>\$237,000.00</b>
<b>56. Part 2: Total vehicles, line 5</b>	<b>\$16,196.00</b>	
<b>57. Part 3: Total personal and household items, line 15</b>	<b>\$3,130.00</b>	
<b>58. Part 4: Total financial assets, line 36</b>	<b>\$25,521.28</b>	
<b>59. Part 5: Total business-related property, line 45</b>	<b>\$0.00</b>	
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$0.00</b>	
<b>61. Part 7: Total other property not listed, line 54</b>	<b>\$0.00</b>	
<b>62. Total personal property.</b> Add lines 56 through 61...	<b>\$44,847.28</b>	Copy personal property total <b>\$44,847.28</b>
<b>63. Total of all property on Schedule A/B.</b> Add line 55 + line 62		<b>\$281,847.28</b>



## USPAP ADDENDUM

File No. 36966

Borrower	n/a	Property Address	512 W Areba Ave			County	Dauphin	State	PA	Zip Code	17033
City	Hershey	Lender	Michael Mimoso								
This report was prepared under the following USPAP reporting option:											
<input checked="" type="checkbox"/> Appraisal Report		This report was prepared in accordance with USPAP Standards Rule 2-2(a).									
<input type="checkbox"/> Restricted Appraisal Report		This report was prepared in accordance with USPAP Standards Rule 2-2(b).									
Reasonable Exposure Time My opinion of a reasonable exposure time for the subject property at the market value stated in this report is: <u>In analyzing the market trends</u> for this particular area, the reasonable exposure time for the subject property to meet the qualifications set forth in the definitions of market value is expected to be 30 days. Please note that this figure may vary depending on how aggressive the property is actually marketed. The above mentioned time frame is for a moderate level of market exposure; assuming that the property is placed on the market utilizing the assistance of a realtor and placed in a Multiple Listing Service.											
Additional Certifications I certify that, to the best of my knowledge and belief: <input checked="" type="checkbox"/> I have NOT performed services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment. <input type="checkbox"/> I HAVE performed services, as an appraiser or in another capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment. Those services are described in the comments below. - The statements of fact contained in this report are true and correct. - The reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions. - Unless otherwise indicated, I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved. - I have no bias with respect to the property that is the subject of this report or the parties involved with this assignment. - My engagement in this assignment was not contingent upon developing or reporting predetermined results. - My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal. - My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice that were in effect at the time this report was prepared. - Unless otherwise indicated, I have made a personal inspection of the property that is the subject of this report. - Unless otherwise indicated, no one provided significant real property appraisal assistance to the person(s) signing this certification (if there are exceptions, the name of each individual providing significant real property appraisal assistance is stated elsewhere in this report).											
Additional Comments											

## APPRAISER:

Signature: Frank Tomecek  
 Name: Frank Tomecek  
 Date Signed: 05/11/2020  
 State Certification #: GA000374L  
 or State License #: \_\_\_\_\_  
 State: PA  
 Expiration Date of Certification or License: 06/30/2021  
 Effective Date of Appraisal: 05/05/2020

## SUPERVISORY APPRAISER: (only if required)

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date Signed: \_\_\_\_\_  
 State Certification #: \_\_\_\_\_  
 or State License #: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Expiration Date of Certification or License: \_\_\_\_\_  
 Supervisory Appraiser Inspection of Subject Property: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraisal Report

## Uniform Residential Appraisal Report

File # 36966

The purpose of this summary appraisal report is to provide the lender/client with an accurate, and adequately supported, opinion of the market value of the subject property.													
Property Address 512 W Areba Ave				City Hershey				State PA Zip Code 17033					
Borrower n/a		Owner of Public Record Michael & Amelie Mimoso						County Dauphin					
Legal Description Deed Reference 0630200140		Assessor's Parcel # 23-035-012-000-0000						Tax Year 2020 R.E. Taxes \$ 3,717					
Neighborhood Name Central Hershey		Map Reference 25420						Census Tract 0243.00					
Occupant <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant		Special Assessments \$ 0						<input type="checkbox"/> PUD HOA \$ 0 <input type="checkbox"/> per year <input type="checkbox"/> per month					
Property Rights Appraised <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Other (describe)													
Assignment Type <input type="checkbox"/> Purchase Transaction <input type="checkbox"/> Refinance Transaction <input checked="" type="checkbox"/> Other (describe)		to determine a fair market value											
Lender/Client Michael Mimoso		Address 512 W. Areba Avenue, Hershey, PA 17033											
Is the subject property currently offered for sale or has it been offered for sale in the twelve months prior to the effective date of this appraisal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Report data source(s) used, offering price(s), and date(s). Dauphin County Multi Listing Services (Bright MLS), Courthouse Records													
<p>I <input type="checkbox"/> did <input type="checkbox"/> did not analyze the contract for sale for the subject purchase transaction. Explain the results of the analysis of the contract for sale or why the analysis was not performed.</p> <p>Contract Price \$ _____ Date of Contract _____ Is the property seller the owner of public record? <input type="checkbox"/> Yes <input type="checkbox"/> No Data Source(s)</p> <p>Is there any financial assistance (loan charges, sale concessions, gift or downpayment assistance, etc.) to be paid by any party on behalf of the borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, report the total dollar amount and describe the items to be paid.</p>													
Note: Race and the racial composition of the neighborhood are not appraisal factors.													
Neighborhood Characteristics				One-Unit Housing Trends				One-Unit Housing		Present Land Use %			
Location <input type="checkbox"/> Urban <input checked="" type="checkbox"/> Suburban <input type="checkbox"/> Rural		Property Values <input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Declining		PRICE		AGE		One-Unit		70			
Built-Up <input checked="" type="checkbox"/> Over 75% <input type="checkbox"/> 25-75% <input type="checkbox"/> Under 25%		Demand/Supply <input type="checkbox"/> Shortage <input checked="" type="checkbox"/> In Balance <input type="checkbox"/> Over Supply		\$ (000)		(yrs)		2-4 Unit		10			
Growth <input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Slow		Marketing Time <input checked="" type="checkbox"/> Under 3 mths <input type="checkbox"/> 3-6 mths <input type="checkbox"/> Over 6 mths		120		Low 10		Multi-Family		10			
Neighborhood Boundaries North of Route 322, south of Route 422, east of Hockersville Road and west of				1,000		High 100		Commercial		10			
Homestead Road				300		Pred. 50		Other					
Neighborhood Description Located in Derry Township in a residential neighborhood that is composed of detached single family dwellings that vary in style. The surrounding area consists of single and multi dwelling units. Most amenities including shopping, employment and public transportation are within 1 to 3 miles. Easy access to major roads. No adverse trends noted.													
Market Conditions (including support for the above conclusions) The property values have been stable in the neighborhood and the surrounding marketing area. The marketing time for single or multi-family properties that are reasonably priced is generally between 0 to 3 months. Current interest rates range between 3% and 6%.													
Dimensions 75x150x75x150		Area 11250 sf		Shape Rectangular		View		N/Res;					
Specific Zoning Classification HM		Zoning Description Hershey Mixed											
Zoning Compliance <input checked="" type="checkbox"/> Legal <input type="checkbox"/> Legal Nonconforming (Grandfathered Use)		<input type="checkbox"/> No Zoning <input type="checkbox"/> Illegal (describe)											
Is the highest and best use of subject property as improved (or as proposed per plans and specifications) the present use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe n/a													
Utilities Public Other (describe)				Public Other (describe)				Off-site Improvements - Type					
Electricity <input checked="" type="checkbox"/>		<input type="checkbox"/>		Water <input checked="" type="checkbox"/>		<input type="checkbox"/>		Street Paved		<input checked="" type="checkbox"/>			
Gas <input type="checkbox"/>		<input type="checkbox"/> None		Sanitary Sewer <input checked="" type="checkbox"/>		<input type="checkbox"/>		Alley Along Rear		<input checked="" type="checkbox"/>			
FEMA Special Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		FEMA Flood Zone X		FEMA Map # 42043C0368D				FEMA Map Date 08/02/2012					
Are the utilities and off-site improvements typical for the market area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe													
Are there any adverse site conditions or external factors (easements, encroachments, environmental conditions, land uses, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe													
The site consists of an average lot in terms of size and appeal for the neighborhood and there are no adverse easements or encroachments.													
General Description				Foundation		Exterior Description		materials/condition		Interior		materials/condition	
Units <input checked="" type="checkbox"/> One <input type="checkbox"/> One with Accessory Unit		<input type="checkbox"/> Concrete Slab <input type="checkbox"/> Crawl Space		Foundation Walls Concblock-Avg		Floors		Wd/Vinile-Fair/Avg					
# of Stories 1		<input checked="" type="checkbox"/> Full Basement <input type="checkbox"/> Partial Basement		Exterior Walls Brick-Avg		Walls		Plaster-Avg					
Type <input checked="" type="checkbox"/> Det. <input type="checkbox"/> Att. <input type="checkbox"/> S-Det./End Unit		Basement Area 1,522 sq.ft.		Roof Surface Asphshingle-Avg		Trim/Finish		Wood-Avg					
<input checked="" type="checkbox"/> Existing <input type="checkbox"/> Proposed <input type="checkbox"/> Under Const.		Basement Finish 62 %		Gutters & Downspouts Aluminum-Avg		Bath Floor		Vinyl-Avg					
Design (Style) Ranch		<input type="checkbox"/> Outside Entry/Exit <input type="checkbox"/> Sump Pump		Window Type Casement-Avg		Bath Wainscot		Ceramictile-Avg					
Year Built 1957		Evidence of <input type="checkbox"/> Infestation		Storm Sash/Insulated Insulated-Avg		Car Storage		<input type="checkbox"/> None					
Effective Age (Yrs) 25		<input type="checkbox"/> Dampness <input type="checkbox"/> Settlement		Screens Mesh-Avg		<input checked="" type="checkbox"/> Driveway		# of Cars 2					
Attic <input type="checkbox"/> None		Heating <input type="checkbox"/> FWA <input checked="" type="checkbox"/> HWBB <input type="checkbox"/> Radiant		Amenities <input type="checkbox"/> Woodstove(s) # 0		Driveway Surface		Paved					
<input type="checkbox"/> Drop Stair <input type="checkbox"/> Stairs		<input type="checkbox"/> Other Fuel Oil <input checked="" type="checkbox"/> Fireplace(s) # 1 <input type="checkbox"/> Fence None		<input checked="" type="checkbox"/> Firepit/Deck Rear <input checked="" type="checkbox"/> Porch Front		<input checked="" type="checkbox"/> Garage		# of Cars 1					
<input type="checkbox"/> Floor <input checked="" type="checkbox"/> Scuttle		Cooling <input checked="" type="checkbox"/> Central Air Conditioning		<input checked="" type="checkbox"/> Patio/Deck Rear <input checked="" type="checkbox"/> Porch Front		<input type="checkbox"/> Carport		# of Cars 0					
<input type="checkbox"/> Finished <input type="checkbox"/> Heated		<input type="checkbox"/> Individual <input type="checkbox"/> Other		<input type="checkbox"/> Pool None <input checked="" type="checkbox"/> Other Stoop		<input type="checkbox"/> Att.		<input type="checkbox"/> Det.		<input type="checkbox"/> Built-in			
Appliances <input type="checkbox"/> Refrigerator <input type="checkbox"/> Range/Oven		<input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal		<input type="checkbox"/> Microwave <input type="checkbox"/> Washer/Dryer		<input type="checkbox"/> Other (describe)							
Finished area above grade contains: 6 Rooms		3 Bedrooms		1.1 Bath(s)		1,522 Square Feet of Gross Living Area Above Grade							
Additional features (special energy efficient items, etc.) Insulated casement windows. There is an electric fireplace in the living room.													
Describe the condition of the property (including needed repairs, deterioration, renovations, remodeling, etc.). C5;No updates in the prior 15 years;to the kitchen or bathrooms. Part of the main bath had some tile replaced. Deferred maintenance includes the shrubbery around the home is overgrown, the window frames need painted, the garage side door needs replaced, the wood flooring in the living room and dining room flooring need replaced. The heat in the dining room has been disconnected due to a leak.													
Are there any physical deficiencies or adverse conditions that affect the livability, soundness, or structural integrity of the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, describe													
Does the property generally conform to the neighborhood (functional utility, style, condition, use, construction, etc.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe													

## Uniform Residential Appraisal Report

File # 36966

There are 0 comparable properties currently offered for sale in the subject neighborhood ranging in price from \$ 0 to \$ 0 .									
There are 9 comparable sales in the subject neighborhood within the past twelve months ranging in sale price from \$ 159,900 to \$ 310,000 .									
FEATURE	SUBJECT	COMPARABLE SALE # 1			COMPARABLE SALE # 2			COMPARABLE SALE # 3	
Address	512 W Areba Ave Hershey, PA 17033	534 W Areba Ave Hershey, PA 17033			557 Beech Ave Hershey, PA 17033			527 Cedar Ave Hershey, PA 17033	
Proximity to Subject		0.04 miles SW			0.10 miles SW			0.11 miles S	
Sale Price	\$	\$ 270,000			\$ 235,000			\$ 245,000	
Sale Price/Gross Liv. Area	\$ sq.ft.	\$ 187.50 sq.ft.	\$ 139.22 sq.ft.		\$ 144.97 sq.ft.				
Data Source(s)		Bright#PADA109632;DOM 20			Bright#PADA119140;DOM 5			Bright#PADA1113716;DOM 10	
Verification Source(s)		MLS/Tax Records			MLS/Tax Records			MLS/Tax Records	
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-) \$ Adjustment	DESCRIPTION	DESCRIPTION	+(-) \$ Adjustment	DESCRIPTION	DESCRIPTION	+(-) \$ Adjustment
Sales or Financing Concessions		ArmLth Conv:8100		ArmLth Conv:0			ArmLth Conv:0		
Date of Sale/Time		s06/19;c05/19		s03/20;c02/20			s10/19;c08/19		
Location	N;Res;	N;Res;		N;Res;			N;Res;		
Leasehold/Fee Simple	Fee Simple	Fee Simple		Fee Simple			Fee Simple		
Site	11250 sf	10890 sf		0 10890 sf			0 10890 sf		0
View	N;Res;	N;Res;		N;Res;			N;Res;		
Design (Style)	DT1;Ranch	DT1;Ranch		DT1;Ranch			DT1;Ranch		
Quality of Construction	Q4	Q4		Q4			Q4		
Actual Age	63	63		53			0 57		0
Condition	C5	C4	-5,000	C4			-5,000 C4		-5,000
Above Grade	Total Bdrms. Baths	Total Bdrms. Baths		Total Bdrms. Baths			Total Bdrms. Baths		-2,000
Room Count	6 3 1.1	6 3 1.0	+2,000	5 3 2.0			8 5 2.0		-2,000
Gross Living Area	1,522 sq.ft.	1,440 sq.ft.	+1,640	1,688 sq.ft.			1,690 sq.ft.		-3,360
Basement & Finished	1522sf942sf	1440sf1440sf		0 1402sf0sf			0 1298sf649sf		+1,120
Rooms Below Grade	1rr1br0.0ba0o	1rr1br0.2ba0o	-6,000				+5,000 1rr0br0.1ba1o		0
Functional Utility	Average	Average		Average			Average		
Heating/Cooling	Oilhw/Cent	Gasfa/Cent		0 Gasfa/Cent			0 Oilhw/None		+2,000
Energy Efficient Items	Insul wndws	Insul wndws		Insul wndws			Insul wndws		
Garage/Carport	1ga2dw	2dw	+3,000	1ga1dw			0 2dw		+3,000
Porch/Patio/Deck	Stp/Por/Patio	Stp/Pat/Enclpr	-2,000	Porch/Patio			0 Stp/Pat/Deck		0
Fireplace	Elec Frplc	2 Fireplace	-2,500	Fireplace			-1,000 Fireplace		-1,000
Other	None	2st gar w/bsmt	-25,000	None			None		
Net Adjustment (Total)		<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ -33,860	<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ -6,320	<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ -7,240		
Adjusted Sale Price of Comparables		Net Adj. 12.5 %		Net Adj. 2.7 %		Net Adj. 3.0 %			
		Gross Adj. 17.5 % \$ 236,140		Gross Adj. 6.9 % \$ 228,680		Gross Adj. 8.0 % \$ 237,760			

**SALES COMPARISON APPROACH**

I  did  did not research the sale or transfer history of the subject property and comparable sales. If not, explain \_\_\_\_\_

My research  did  did not reveal any prior sales or transfers of the subject property for the three years prior to the effective date of this appraisal.

Data Source(s) Dauphin County Multi Listing Services, (Bright MLS) Tax Records

My research  did  did not reveal any prior sales or transfers of the comparable sales for the year prior to the date of sale of the comparable sale.

Data Source(s) Dauphin County Court House Records, Bright MLS

Report the results of the research and analysis of the prior sale or transfer history of the subject property and comparable sales (report additional prior sales on page 3).

ITEM	SUBJECT	COMPARABLE SALE #1	COMPARABLE SALE #2	COMPARABLE SALE #3
Date of Prior Sale/Transfer				
Price of Prior Sale/Transfer				
Data Source(s)	Deeds/Tax Records	Deeds/Tax Records	Deeds/Tax Records	Deeds/Tax Records
Effective Date of Data Source(s)	05/06/2020	05/06/2020	05/06/2020	05/06/2020

Analysis of prior sale or transfer history of the subject property and comparable sales The subject property previously sold 11/30/2005 for \$183,000. Prior sale and transfer history of the comparable sales appears to be typical and has no effect on the appraised value.

**Summary of Sales Comparison Approach**

A thorough search of the surrounding Derry Township area was performed using detached 1 story ranch style homes that range from 1400 to 2000 square feet that have sold within the past year. Some of the sales have occurred prior to the previous 6 months but are similar in market appeal. In developing the direct sales approach value it was necessary to apply plus and minus adjustments to the comparable sales for differences that affect value between them and the subject property. After weighing the comparable sales in terms of most likeness; each one has been given some weight in the value reported for this approach. See attached addendum for additional support for the value arrived at in the report.

Indicated Value by Sales Comparison Approach \$ 237,000  
Indicated Value by: Sales Comparison Approach \$ 237,000 Cost Approach (if developed) \$ Income Approach (if developed) \$

The direct sales comparison approach is considered to provide the typical actions of buyers in the market place and has been used to determine the final estimate of value. The cost approach was not completed due to the age of the improvements. The income approach does not apply to this property due to the lack of other similar homes that were rented and sold in order to establish a gross rent multiplier.

This appraisal is made  "as is",  subject to completion per plans and specifications on the basis of a hypothetical condition that the improvements have been completed,  subject to the following repairs or alterations on the basis of a hypothetical condition that the repairs or alterations have been completed, or  subject to the following required inspection based on the extraordinary assumption that the condition or deficiency does not require alteration or repair.

Based on a complete visual inspection of the interior and exterior areas of the subject property, defined scope of work, statement of assumptions and limiting conditions, and appraiser's certification, my (our) opinion of the market value, as defined, of the real property that is the subject of this report is \$ 237,000 , as of 05/05/2020 , which is the date of inspection and the effective date of this appraisal.

**RECONCILIATION**

Freddie Mac Form 70 March 2005 UAD Version 9/2011 Page 2 of 6 Fannie Mae Form 1004 March 2005

Case 1:20-bk-01242-HWV Doc 23 Filed 06/26/20 Entered 06/26/20 15:42:54 Desc Main Document Page 12 of 110

## Uniform Residential Appraisal Report

File # 36966

n/a

## ADDITIONAL COMMENTS

COST APPROACH TO VALUE (not required by Fannie Mae)																																																																																																																																																																			
Provide adequate information for the lender/client to replicate the below cost figures and calculations.																																																																																																																																																																			
Support for the opinion of site value (summary of comparable land sales or other methods for estimating site value) n/a																																																																																																																																																																			
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## Uniform Residential Appraisal Report

File # 36966

This report form is designed to report an appraisal of a one-unit property or a one-unit property with an accessory unit; including a unit in a planned unit development (PUD). This report form is not designed to report an appraisal of a manufactured home or a unit in a condominium or cooperative project.

This appraisal report is subject to the following scope of work, intended use, intended user, definition of market value, statement of assumptions and limiting conditions, and certifications. Modifications, additions, or deletions to the intended use, intended user, definition of market value, or assumptions and limiting conditions are not permitted. The appraiser may expand the scope of work to include any additional research or analysis necessary based on the complexity of this appraisal assignment. Modifications or deletions to the certifications are also not permitted. However, additional certifications that do not constitute material alterations to this appraisal report, such as those required by law or those related to the appraiser's continuing education or membership in an appraisal organization, are permitted.

**SCOPE OF WORK:** The scope of work for this appraisal is defined by the complexity of this appraisal assignment and the reporting requirements of this appraisal report form, including the following definition of market value, statement of assumptions and limiting conditions, and certifications. The appraiser must, at a minimum: (1) perform a complete visual inspection of the interior and exterior areas of the subject property, (2) inspect the neighborhood, (3) inspect each of the comparable sales from at least the street, (4) research, verify, and analyze data from reliable public and/or private sources, and (5) report his or her analysis, opinions, and conclusions in this appraisal report.

**INTENDED USE:** The intended use of this appraisal report is for the lender/client to evaluate the property that is the subject of this appraisal for a mortgage finance transaction.

**INTENDED USER:** The intended user of this appraisal report is the lender/client.

**DEFINITION OF MARKET VALUE:** The most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller, each acting prudently, knowledgeably and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby: (1) buyer and seller are typically motivated; (2) both parties are well informed or well advised, and each acting in what he or she considers his or her own best interest; (3) a reasonable time is allowed for exposure in the open market; (4) payment is made in terms of cash in U. S. dollars or in terms of financial arrangements comparable thereto; and (5) the price represents the normal consideration for the property sold unaffected by special or creative financing or sales concessions\* granted by anyone associated with the sale.

\*Adjustments to the comparables must be made for special or creative financing or sales concessions. No adjustments are necessary for those costs which are normally paid by sellers as a result of tradition or law in a market area; these costs are readily identifiable since the seller pays these costs in virtually all sales transactions. Special or creative financing adjustments can be made to the comparable property by comparisons to financing terms offered by a third party institutional lender that is not already involved in the property or transaction. Any adjustment should not be calculated on a mechanical dollar for dollar cost of the financing or concession but the dollar amount of any adjustment should approximate the market's reaction to the financing or concessions based on the appraiser's judgment.

**STATEMENT OF ASSUMPTIONS AND LIMITING CONDITIONS:** The appraiser's certification in this report is subject to the following assumptions and limiting conditions:

1. The appraiser will not be responsible for matters of a legal nature that affect either the property being appraised or the title to it, except for information that he or she became aware of during the research involved in performing this appraisal. The appraiser assumes that the title is good and marketable and will not render any opinions about the title.
2. The appraiser has provided a sketch in this appraisal report to show the approximate dimensions of the improvements. The sketch is included only to assist the reader in visualizing the property and understanding the appraiser's determination of its size.
3. The appraiser has examined the available flood maps that are provided by the Federal Emergency Management Agency (or other data sources) and has noted in this appraisal report whether any portion of the subject site is located in an identified Special Flood Hazard Area. Because the appraiser is not a surveyor, he or she makes no guarantees, express or implied, regarding this determination.
4. The appraiser will not give testimony or appear in court because he or she made an appraisal of the property in question, unless specific arrangements to do so have been made beforehand, or as otherwise required by law.
5. The appraiser has noted in this appraisal report any adverse conditions (such as needed repairs, deterioration, the presence of hazardous wastes, toxic substances, etc.) observed during the inspection of the subject property or that he or she became aware of during the research involved in performing the appraisal. Unless otherwise stated in this appraisal report, the appraiser has no knowledge of any hidden or unapparent physical deficiencies or adverse conditions of the property (such as, but not limited to, needed repairs, deterioration, the presence of hazardous wastes, toxic substances, adverse environmental conditions, etc.) that would make the property less valuable, and has assumed that there are no such conditions and makes no guarantees or warranties, express or implied. The appraiser will not be responsible for any such conditions that do exist or for any engineering or testing that might be required to discover whether such conditions exist. Because the appraiser is not an expert in the field of environmental hazards, this appraisal report must not be considered as an environmental assessment of the property.
6. The appraiser has based his or her appraisal report and valuation conclusion for an appraisal that is subject to satisfactory completion, repairs, or alterations on the assumption that the completion, repairs, or alterations of the subject property will be performed in a professional manner.

## Uniform Residential Appraisal Report

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**APPRAISER'S CERTIFICATION:** The Appraiser certifies and agrees that:

1. I have, at a minimum, developed and reported this appraisal in accordance with the scope of work requirements stated in this appraisal report.
2. I performed a complete visual inspection of the interior and exterior areas of the subject property. I reported the condition of the improvements in factual, specific terms. I identified and reported the physical deficiencies that could affect the livability, soundness, or structural integrity of the property.
3. I performed this appraisal in accordance with the requirements of the Uniform Standards of Professional Appraisal Practice that were adopted and promulgated by the Appraisal Standards Board of The Appraisal Foundation and that were in place at the time this appraisal report was prepared.
4. I developed my opinion of the market value of the real property that is the subject of this report based on the sales comparison approach to value. I have adequate comparable market data to develop a reliable sales comparison approach for this appraisal assignment. I further certify that I considered the cost and income approaches to value but did not develop them, unless otherwise indicated in this report.
5. I researched, verified, analyzed, and reported on any current agreement for sale for the subject property, any offering for sale of the subject property in the twelve months prior to the effective date of this appraisal, and the prior sales of the subject property for a minimum of three years prior to the effective date of this appraisal, unless otherwise indicated in this report.
6. I researched, verified, analyzed, and reported on the prior sales of the comparable sales for a minimum of one year prior to the date of sale of the comparable sale, unless otherwise indicated in this report.
7. I selected and used comparable sales that are locationally, physically, and functionally the most similar to the subject property.
8. I have not used comparable sales that were the result of combining a land sale with the contract purchase price of a home that has been built or will be built on the land.
9. I have reported adjustments to the comparable sales that reflect the market's reaction to the differences between the subject property and the comparable sales.
10. I verified, from a disinterested source, all information in this report that was provided by parties who have a financial interest in the sale or financing of the subject property.
11. I have knowledge and experience in appraising this type of property in this market area.
12. I am aware of, and have access to, the necessary and appropriate public and private data sources, such as multiple listing services, tax assessment records, public land records and other such data sources for the area in which the property is located.
13. I obtained the information, estimates, and opinions furnished by other parties and expressed in this appraisal report from reliable sources that I believe to be true and correct.
14. I have taken into consideration the factors that have an impact on value with respect to the subject neighborhood, subject property, and the proximity of the subject property to adverse influences in the development of my opinion of market value. I have noted in this appraisal report any adverse conditions (such as, but not limited to, needed repairs, deterioration, the presence of hazardous wastes, toxic substances, adverse environmental conditions, etc.) observed during the inspection of the subject property or that I became aware of during the research involved in performing this appraisal. I have considered these adverse conditions in my analysis of the property value, and have reported on the effect of the conditions on the value and marketability of the subject property.
15. I have not knowingly withheld any significant information from this appraisal report and, to the best of my knowledge, all statements and information in this appraisal report are true and correct.
16. I stated in this appraisal report my own personal, unbiased, and professional analysis, opinions, and conclusions, which are subject only to the assumptions and limiting conditions in this appraisal report.
17. I have no present or prospective interest in the property that is the subject of this report, and I have no present or prospective personal interest or bias with respect to the participants in the transaction. I did not base, either partially or completely, my analysis and/or opinion of market value in this appraisal report on the race, color, religion, sex, age, marital status, handicap, familial status, or national origin of either the prospective owners or occupants of the subject property or of the present owners or occupants of the properties in the vicinity of the subject property or on any other basis prohibited by law.
18. My employment and/or compensation for performing this appraisal or any future or anticipated appraisals was not conditioned on any agreement or understanding, written or otherwise, that I would report (or present analysis supporting) a predetermined specific value, a predetermined minimum value, a range or direction in value, a value that favors the cause of any party, or the attainment of a specific result or occurrence of a specific subsequent event (such as approval of a pending mortgage loan application).
19. I personally prepared all conclusions and opinions about the real estate that were set forth in this appraisal report. If I relied on significant real property appraisal assistance from any individual or individuals in the performance of this appraisal or the preparation of this appraisal report, I have named such individual(s) and disclosed the specific tasks performed in this appraisal report. I certify that any individual so named is qualified to perform the tasks. I have not authorized anyone to make a change to any item in this appraisal report; therefore, any change made to this appraisal is unauthorized and I will take no responsibility for it.
20. I identified the lender/client in this appraisal report who is the individual, organization, or agent for the organization that ordered and will receive this appraisal report.

## Uniform Residential Appraisal Report

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21. The lender/client may disclose or distribute this appraisal report to: the borrower; another lender at the request of the borrower; the mortgagee or its successors and assigns; mortgage insurers; government sponsored enterprises; other secondary market participants; data collection or reporting services; professional appraisal organizations; any department, agency, or instrumentality of the United States; and any state, the District of Columbia, or other jurisdictions; without having to obtain the appraiser's or supervisory appraiser's (if applicable) consent. Such consent must be obtained before this appraisal report may be disclosed or distributed to any other party (including, but not limited to, the public through advertising, public relations, news, sales, or other media).

22. I am aware that any disclosure or distribution of this appraisal report by me or the lender/client may be subject to certain laws and regulations. Further, I am also subject to the provisions of the Uniform Standards of Professional Appraisal Practice that pertain to disclosure or distribution by me.

23. The borrower, another lender at the request of the borrower, the mortgagee or its successors and assigns, mortgage insurers, government sponsored enterprises, and other secondary market participants may rely on this appraisal report as part of any mortgage finance transaction that involves any one or more of these parties.

24. If this appraisal report was transmitted as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or a facsimile transmission of this appraisal report containing a copy or representation of my signature, the appraisal report shall be as effective, enforceable and valid as if a paper version of this appraisal report were delivered containing my original hand written signature.

25. Any intentional or negligent misrepresentation(s) contained in this appraisal report may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq., or similar state laws.

## SUPERVISORY APPRAISER'S CERTIFICATION: The Supervisory Appraiser certifies and agrees that:

1. I directly supervised the appraiser for this appraisal assignment, have read the appraisal report, and agree with the appraiser's analysis, opinions, statements, conclusions, and the appraiser's certification.

2. I accept full responsibility for the contents of this appraisal report including, but not limited to, the appraiser's analysis, opinions, statements, conclusions, and the appraiser's certification.

3. The appraiser identified in this appraisal report is either a sub-contractor or an employee of the supervisory appraiser (or the appraisal firm), is qualified to perform this appraisal, and is acceptable to perform this appraisal under the applicable state law.

4. This appraisal report complies with the Uniform Standards of Professional Appraisal Practice that were adopted and promulgated by the Appraisal Standards Board of The Appraisal Foundation and that were in place at the time this appraisal report was prepared.

5. If this appraisal report was transmitted as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or a facsimile transmission of this appraisal report containing a copy or representation of my signature, the appraisal report shall be as effective, enforceable and valid as if a paper version of this appraisal report were delivered containing my original hand written signature.

## APPRAISER

Signature Frank Tomecek  
 Name Frank Tomecek  
 Company Name Frank Tomecek Real Estate Services  
 Company Address 110 N. Market Street, P.O. BOX 410  
Schaefferstown, PA 17088  
 Telephone Number (717) 949-2678  
 Email Address FRANK56@COMCAST.NET  
 Date of Signature and Report 05/11/2020  
 Effective Date of Appraisal 05/05/2020  
 State Certification # GA000374L  
 or State License # \_\_\_\_\_  
 or Other (describe) \_\_\_\_\_ State # \_\_\_\_\_  
 State PA  
 Expiration Date of Certification or License 06/30/2021

## ADDRESS OF PROPERTY APPRAISED

512 W Areba Ave  
Hershey, PA 17033

APPRaised VALUE OF SUBJECT PROPERTY \$ 237,000

## LENDER/CLIENT

Name No AMC  
 Company Name Michael Mimoso  
 Company Address 512 W. Areba Avenue, Hershey, PA 17033  
 Email Address \_\_\_\_\_

## SUPERVISORY APPRAISER (ONLY IF REQUIRED)

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Company Address \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Date of Signature \_\_\_\_\_  
 State Certification # \_\_\_\_\_  
 or State License # \_\_\_\_\_  
 State \_\_\_\_\_  
 Expiration Date of Certification or License \_\_\_\_\_

## SUBJECT PROPERTY

Did not inspect subject property  
 Did inspect exterior of subject property from street  
 Date of Inspection \_\_\_\_\_  
 Did inspect interior and exterior of subject property  
 Date of Inspection \_\_\_\_\_

## COMPARABLE SALES

Did not inspect exterior of comparable sales from street  
 Did inspect exterior of comparable sales from street  
 Date of Inspection \_\_\_\_\_

## Uniform Residential Appraisal Report

File # 36966

**Supplemental Addendum**

File No. 36966

Borrower	n/a	Property Address	512 W Areba Ave	County	Dauphin	State	PA	Zip Code	17033
City	Hershey								
Lender/Client	Michael Mimoso								

I certify that, to the best of my knowledge and belief:  
 I have not performed any prior services regarding the subject property, as an appraiser, or in any other capacity, within the 3 year period immediately preceding acceptance of this appraisal assignment.

**SUBJECT SECTION**

The subject property is located in Derry Township, Dauphin County, PA

The deeded owner of record is Michael A. & Amelie Mimoso

**CONTRACT SECTION**

The subject is not currently under agreement.

**NEIGHBORHOOD SECTION**

The reported value is below the predominant value of the neighborhood, this will not affect the marketability or future marketability of the subject property. The subject property is not an under improvement for the neighborhood, but is a typical home that blends in well with the surrounding properties. This factor will have no affect upon the present or future marketability of the subject property.

**SITE SECTION**

The site consists of an average lot for the neighborhood in terms of size and appeal. There are no known adverse environmental conditions effecting the subject properties that the appraiser could observe.

The highest and best use of the subject property has been analyzed and considered to be its current single family use. Please note that in the development of the appraisal, unless otherwise indicated, land is appraised as though vacant and available for development to its highest and best use, and that the appraisal of the improvements is based on their contribution to the site.

The subject is located in an area that is zoned - **Hershey Mix**

The appraiser is not a home or environmental inspector. The appraiser provides an opinion of value. The appraiser does not guarantee that the property is free of defects or environmental problems. The appraiser performs an inspection of visible and accessible areas only.

The appraiser is not qualified to detect the presence of radon gas in the subject property. Should radon gas contamination be a concern, a qualified professional should be consulted.

The appraiser is not qualified to detect the presence of harmful type mold. Mold may be present in areas that the appraiser cannot see. If mold is a concern, a home or environmental inspection should be performed by a qualified professional.

The appraiser is unable to verify the insulation "R" factor. Any information about insulation stated on the appraisal was provided by inspection, owner, or agent, and is assumed to be accurate. The presence of urea-formaldehyde foam insulation could not be determined.

If UFFI, mold radon or any other non-visible environmental issue is present, the appraised market value may be adversely affected or voided.

This appraisal is not a home inspection and the appraiser is not acting as a home inspector when preparing the report. The inspection is not technically exhaustive. The inspection does not offer warranties or guarantees of any kind. The borrower has the right to have the home inspected by a professional home inspector.

The appraiser cannot be relied upon to disclose the conditions and/or defects in the subject property. When performing the inspection of the subject property, the appraiser visually observed areas that were readily accessible. The appraiser is not required to disturb or move anything that obstructs access or visibility.

There are no leases for oil, gas or mineral leases within the subjects development. There is no active drilling within 200 feet of the subject property.

**IMPROVEMENT SECTION**

The subject property is a detached 1 story ranch style home that consists of 1522 square feet. The exterior of the home is brick with an asphalt shingle roof and insulated casement windows. There is a front porch, a front stoop, a rear uncovered patio and a 1 car attached garage. The interior of the home has a living room, a kitchen, a dining room, 3 bedrooms and 1 full bathroom and a 1 half bathroom. The interior walls are finished with plaster and the wood trim is painted. There is a mixture wood and vinyl tile flooring throughout the home. The bathrooms have oil hot water heating system and central air conditioning. The oil tank is located in the basement, no evidence of any odors or leaks at the time of the inspection. The basement has a finished family room, bedroom and laundry room. The exterior shrubbery is over grown. The window frames need painted. The garage side door needs replaced. The some of the wood flooring needs replaced.

The definition of effective age is an appraiser's estimate of the physical condition of the subject property. This opinion is based on the amount of wear and tear the subject has sustained over its lifetime. The difference between the actual age and the effective age is typically due to the level of maintenance and remodeling. Using this definition, I have arrived at an effective age

Signature	<i>Frank Tomecek</i>	Signature	
Name	Frank Tomecek	Name	
Date Signed	05/11/2020	Date Signed	
State Certification #	GA000374L	State Certification #	
Or State License #		Or State License #	

## Supplemental Addendum

File No. 36966

Borrower	n/a						
Property Address	512 W Areba Ave						
City	Hershey	County	Dauphin	State	PA	Zip Code	17033
Lender/Client	Michael Mimoso						

that is lower than the actual age. This is attributed to maintenance and updates that have been made by the various homeowners since purchase.

The subject has average functional utility, is typical in style for the neighborhood, is maintained in similar condition to nearby properties, and blends in well with the surrounding homes.

No warranties are implied and no liability is assumed for the structural or mechanical elements of the property.

### **SALES COMPARISON APPROACH SECTION**

**BRACKETING-** All efforts are made to bracket the sales price, site, square footage, age, bedrooms, baths, garages, basements, and condition. However it is not always possible to do so without jeopardizing the integrity of the report and along with the final value. The difficulty in finding one truly comparable sale is always a task in itself. The fact that some of the differences between the subject property and the comparable sales has minimal affect on the value reported.

Basement square footage and finished basement square footage is information that is not readily available through the Dauphin County courthouse, public records or MLS records. Estimates were made base on the total square footage for the comparables where this information was not available.

Some of the comparables are located across major highways. These highways or majors roads are an integral part of the marketing area and provide quick access to employment, shopping, recreation and other services. Both the subject and the comparable sales enjoy the benefits of having access to the highway system.

### **COMPARABLE COMMENTS**

Comparable sales having sold over six months prior were not given a time/date adjustment as market data reveals no significant increase or decline in property values over the past twelve months.

All comparables are settled and were verified with public records and/or with the realtors involved with the transaction. In the Multiple Listing Service, information concerning gross living area, lot size and room count is considered to be accurate. However, no warranties are implied due to the data being supplied by someone other than the appraiser.

### **SUMMARY OF SALES COMPARISON**

In this market place it is typical to find the seller aiding in the buyers closing costs in the amount of 3%. The comparables that had paid more were adjusted for the differences between them.

There are not many homes of this size, age and quality that have recently sold. Therefore some of the comparables features vary more than 20% from the subject property. The comparables provided are the most similar ones available. No affect on the subject marketability.

The Direct Sales Comparison Approach is considered to provide the typical actions of buyers and sellers in the marketplace and has been given the most weight in determining the final opinion of value.

Through our appraisal software, the comparable properties utilized in the report are analyzed and weighted for price, price per square foot, indicated value, indicated value per square foot, size, age, largest adjustment difference and percentage of this adjustment, gross adjustment difference and percentage of adjustment, net adjustment difference and percentage of adjustment. The ratios of the gross dollar adjustment to sale price for each comparable is then used to calculate the weight of the comparable.

Adjustments are made to the comparable sales for the differences that affect value in the market place. The adjustments that are made the most are generally for lot size, quality, age, condition, square footage, bedrooms, bathrooms heating and cooling, finished basement areas, garage space, fireplaces, and porches and deck areas. The amount of adjustments used are derived from paired sales that have occurred during the normal course of appraising real property over a period of time. There are no set adjustments for the differences that affect value and the experience of the appraiser has a major role in applying these adjustments that are appropriate and reasonable and in line with market expectations. Therefore, the adjustments made in this report have come from years of experience the appraiser has, from paired sales from a period of time and from having knowledge of the marketing area that the subject property is located in.

The comparables used are similar in market appeal, are the best available from the market area and are all closed sales. The comparable sales presented are the most similar sales available, and are considered generally competitive with the subject property. Adjustments were made to reflect market reactions to differences between the subject and comparables. The rounded rate of \$ 20.00 per square foot was applied to square footage difference. The rounded rate of \$.50 cents per square foot of land was applied to the site difference. The first line of the room section in the adjustment grid is for bedroom difference and the second line is for bathroom and square footage difference. The total room count/room sizes are reflected in the gross living area adjustment. The first line of the basement adjustments are applied for the difference in percentage of basement and the second line of the basement adjustments are for finished area differences.

In the valuation of the property, no value has been given to any personal property.

Signature Name <u>Frank Tomecek</u> Date Signed <u>05/11/2020</u> State Certification # <u>GA000374L</u> Or State License # <u></u>	Signature Name _____ Date Signed _____ State Certification # _____ Or State License # _____
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**Supplemental Addendum**

File No. 36966

Borrower	n/a		
Property Address	512 W Areba Ave		
City	Hershey	County	Dauphin
Lender/Client	Michael Mimoso	State	PA
		Zip Code	17033

**SALES COMPARISON APPROACH**

## Analysis of Comparable #1

<u>Item</u>	<u>Subject</u>	<u>Comp</u>	<u>+-</u>	<u>Var %</u>
Price	0	270,000	N/A	N/A
Price/SF	0	187.50	N/A	N/A
Ind Value	237,000	236,140	-860	-0.36%
Ind Val/SF	155.72	163.99	8.27	5.31%
Size	1,522	1,440	-82	-5.39%
Age	63	63	0	0%
Largest Adjustment	:	25,000		
Largest Adjustment %	:	9.26%		
Gross Adjustment	:	47,140		
Gross Adjustment %	:	17.46%		
Net Adjustment	:	-33860		
Net Adjustment %	:	-12.54%		

## Analysis of Comparable #2

<u>Item</u>	<u>Subject</u>	<u>Comp</u>	<u>+-</u>	<u>Var %</u>
Price	0	235,000	N/A	N/A
Price/SF	0	139.22	N/A	N/A
Ind Value	237,000	228,680	-8,320	-3.51%
Ind Val/SF	155.72	135.47	-20.24	-13%
Size	1,522	1,688	166	10.91%
Age	63	53	-10	-15.87%
Largest Adjustment	:	5,000		
Largest Adjustment %	:	2.13%		
Gross Adjustment	:	16,320		
Gross Adjustment %	:	6.94%		
Net Adjustment	:	-6320		
Net Adjustment %	:	-2.69%		

## Analysis of Comparable #3

<u>Item</u>	<u>Subject</u>	<u>Comp</u>	<u>+-</u>	<u>Var %</u>
Price	0	245,000	N/A	N/A
Price/SF	0	144.97	N/A	N/A
Ind Value	237,000	237,760	760	0.32%
Ind Val/SF	155.72	140.69	-15.03	-9.65%
Size	1,522	1,690	168	11.04%
Age	63	57	-6	-9.52%
Largest Adjustment	:	5,000		
Largest Adjustment %	:	2.04%		
Gross Adjustment	:	19,480		
Gross Adjustment %	:	7.95%		
Net Adjustment	:	-7240		
Net Adjustment %	:	-2.96%		

Signature Frank Tomecek  
Name Frank Tomecek  
Date Signed 05/11/2020  
State Certification # GA000374L  
Or State License #

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Date Signed \_\_\_\_\_  
State Certification # \_\_\_\_\_  
Or State License # \_\_\_\_\_

**Supplemental Addendum**

File No. 36966

Borrower	n/a		
Property Address	512 W Areba Ave		
City	Hershey	County	Dauphin
Lender/Client	Michael Mimoso		

## Analysis of Comparable #4

Item	Subject	Comp	+-	Var %
Price	0	265,000	N/A	N/A
Price/SF	0	134.93	N/A	N/A
Ind Value	237,000	249,323	12,323	5.20%
Ind Val/SF	155.72	126.95	-28.77	-18.48%
Size	1,522	1,964	442	29.04%
Age	63	55	-8	-12.70%
Largest Adjustment	:	8,840		
Largest Adjustment %	:	3.34%		
Gross Adjustment	:	28,677		
Gross Adjustment %	:	10.82%		
Net Adjustment	:	-15677		
Net Adjustment %	:	-5.92%		

## Comparables Summary &amp; Estimated Indicated Value

	Sale Price	Grs Adj %	Ind Value	Weight
Comp #1:	270,000	17.46	236,140	19.85
Comp #2:	235,000	6.94	228,680	27.97
Comp #3:	245,000	7.95	237,760	27.19
Comp #4:	265,000	10.82	249,323	24.98

Estimated indicated value is determined by using the Gross Adjustment of sale price for each comparable as a measure of the relative quality of the comp. A lower adjustment indicates a better comp, and vice versa. The ratio of gross dollar adjustment to sale price for each of the comps is used to calculate the weight each comp should have in a weighted average calculation. This weighted average is used to support the final value arrived at by the appraiser. As with any method, this technique is not perfect. However, it does do a very good job of giving more weight to the most similar comps while at the same time minimizing values near the extremes of the indicated value range. These extremes usually are from the necessity of bracketing the differences that is required by the lender and the lack of truly comparable sales that have sold.

**COST APPROACH**

The cost approach has not been developed because of the old age of the subject and the difficulty in estimating depreciation. This approach may be misleading to the client. A credible opinion of value can be developed with the exclusion of this approach.

**INCOME APPROACH**

The income approach has not been developed due to the fact that single family homes of this type are seldom purchased for income purposes. Therefore, the marketplace lacks adequate rental data in order to arrive at a gross rent multiplier.

**ADDITIONAL COMMENTS**

The client is hereby identified as: **Michael Mimosa**

The intended user(s) of this appraisal report is the aforementioned client only; and/or agents of the client with legal documentation indicating their capacity to act as a representative of the client and/or individuals or entities in which has transferred or assigned their rights as a client thereof.

The intended use of this appraisal report is to assist the client in determining a fair market value for bankruptcy proceedings. The use of this appraisal for a purpose other than stated above is prohibited.

This appraisal has been electronically prepared in compliance with USPAP guidelines and Title XI of FIRREA. While there is no way to absolutely prevent unethical or criminal tampering, the report includes a secure digital signature and adequate security measures in place to protect the data produced by the appraiser. Electronic delivery of the report is common. If you are the intended user, as described in this report, and have concerns about its authenticity, you may send the report for verification.

**COMPETENCY**

I have been appraising properties in Lebanon, Lancaster, Dauphin and Berks County since 1983 and have done numerous appraisals in the subject's immediate neighborhood. My office is located within 21 miles of the subject property. The data sources for gathering pertinent information for valuing the subject property are as follows. I'm a member of the Lebanon/Lancaster/Berks and Dauphin County Bright Multi-list service, Multi-list service used for searching of comparable sales and listings. Court House on line for tax records are used for verification and Landex Remote for property deeds.

Signature	<i>Frank Tomecek</i>	Signature	
Name	Frank Tomecek	Name	
Date Signed	05/11/2020	Date Signed	
State Certification #	GA000374L	State Certification #	
Or State License #		Or State License #	

**Supplemental Addendum**

File No. 36966

Borrower	n/a	Property Address	512 W Areba Ave		
City	Hershey	County	Dauphin	State	PA
Lender/Client	Michael Mimoso			Zip Code	17033

**AIR DISCLOSURE STATEMENT**

The Appraiser has prepared this appraisal in full compliance with applicable Appraiser Independence Requirements and has not performed, participated in, or been associated with any activity in violation of those requirements.

Signature	<i>Frank Tomecek</i>	
Name	Frank Tomecek	
Date Signed	05/11/2020	
State Certification #	GA000374L	State PA
Or State License #	_____	

Signature	_____	
Name	_____	
Date Signed	_____	
State Certification #	_____	
Or State License #	_____	

**Subject Photo Page**

Borrower	n/a		
Property Address	512 W Areba Ave		
City	Hershey	County	Dauphin
Lender/Client	Michael Mimoso		

**Subject Front**

512 W Areba Ave  
 Sales Price  
 Gross Living Area 1,522  
 Total Rooms 6  
 Total Bedrooms 3  
 Total Bathrooms 1.1  
 Location N;Res;  
 View N;Res;  
 Site 11250 sf  
 Quality Q4  
 Age 63

**Subject Rear****Subject Street**

**Photograph Addendum**

Borrower	n/a
Property Address	512 W Areba Ave
City	Hershey
Lender/Client	Michael Mimoso

**Street****Side view****Side view**

At front door shrubbery is overgrown

**Side and porch view****Window frames needs painted****Window frames needs painted****Window frames needs painted****Garage door needs replaced****Parking area****Interior of garage****overgrown shrubbery**

**Photograph Addendum**

Borrower	n/a
Property Address	512 W Areba Ave
City	Hershey
Lender/Client	Michael Mimoso

**Bedroom****Half bath****Living room**

Hardwood flooring needs replaced/dog issue



Old vinyl flooring in kitchen

**Kitchen****Breakfast area**

Dining room-no heat cut off



Dining room-floor needs replaced-dog issue

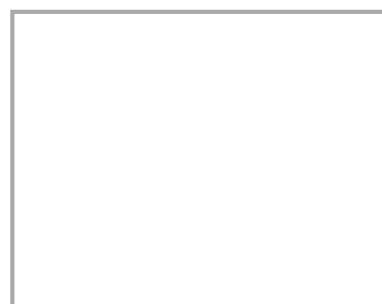
**Central vacuum**

Basement under dining room- not finished

**Laundry**

**Photograph Addendum**

Borrower	n/a
Property Address	512 W Areba Ave
City	Hershey
Lender/Client	Michael Mimoso

**Damage ceiling tile****Oil tank****Basement****Old basement shower****Basement****Electric panel****Basement bedroom****Damage ceiling in basement bedroom**

**Comparable Photo Page**

Borrower	n/a
Property Address	512 W Areba Ave
City	Hershey
Lender/Client	Michael Mimoso

**Comparable 1**

534 W Areba Ave  
 Prox. to Subject 0.04 miles SW  
 Sales Price 270,000  
 Gross Living Area 1,440  
 Total Rooms 6  
 Total Bedrooms 3  
 Total Bathrooms 1.0  
 Location N;Res;  
 View N;Res;  
 Site 10890 sf  
 Quality Q4  
 Age 63

**Comparable 2**

557 Beech Ave  
 Prox. to Subject 0.10 miles SW  
 Sales Price 235,000  
 Gross Living Area 1,688  
 Total Rooms 5  
 Total Bedrooms 3  
 Total Bathrooms 2.0  
 Location N;Res;  
 View N;Res;  
 Site 10890 sf  
 Quality Q4  
 Age 53

**Comparable 3**

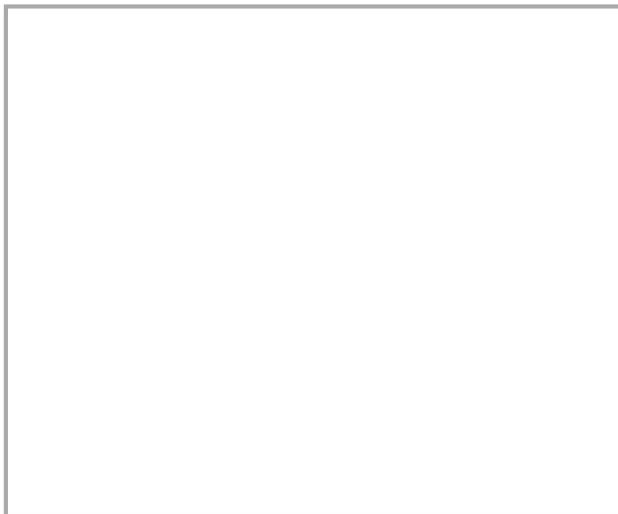
527 Cedar Ave  
 Prox. to Subject 0.11 miles S  
 Sales Price 245,000  
 Gross Living Area 1,690  
 Total Rooms 8  
 Total Bedrooms 5  
 Total Bathrooms 2.0  
 Location N;Res;  
 View N;Res;  
 Site 10890 sf  
 Quality Q4  
 Age 57

**Comparable Photo Page**

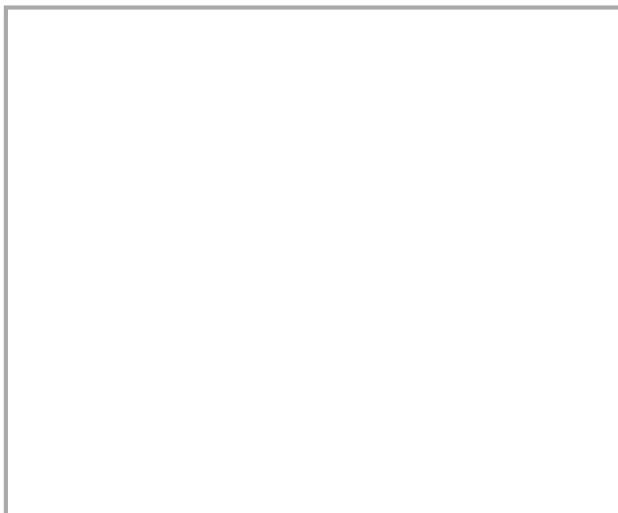
Borrower	n/a
Property Address	512 W Areba Ave
City	Hershey
Lender/Client	Michael Mimoso

**Comparable 4**

538 Chestnut Ave  
 Prox. to Subject 0.21 miles S  
 Sales Price 265,000  
 Gross Living Area 1,964  
 Total Rooms 6  
 Total Bedrooms 3  
 Total Bathrooms 2.0  
 Location N;Res;  
 View N;Res;  
 Site 13504 sf  
 Quality Q4  
 Age 55

**Comparable 5**

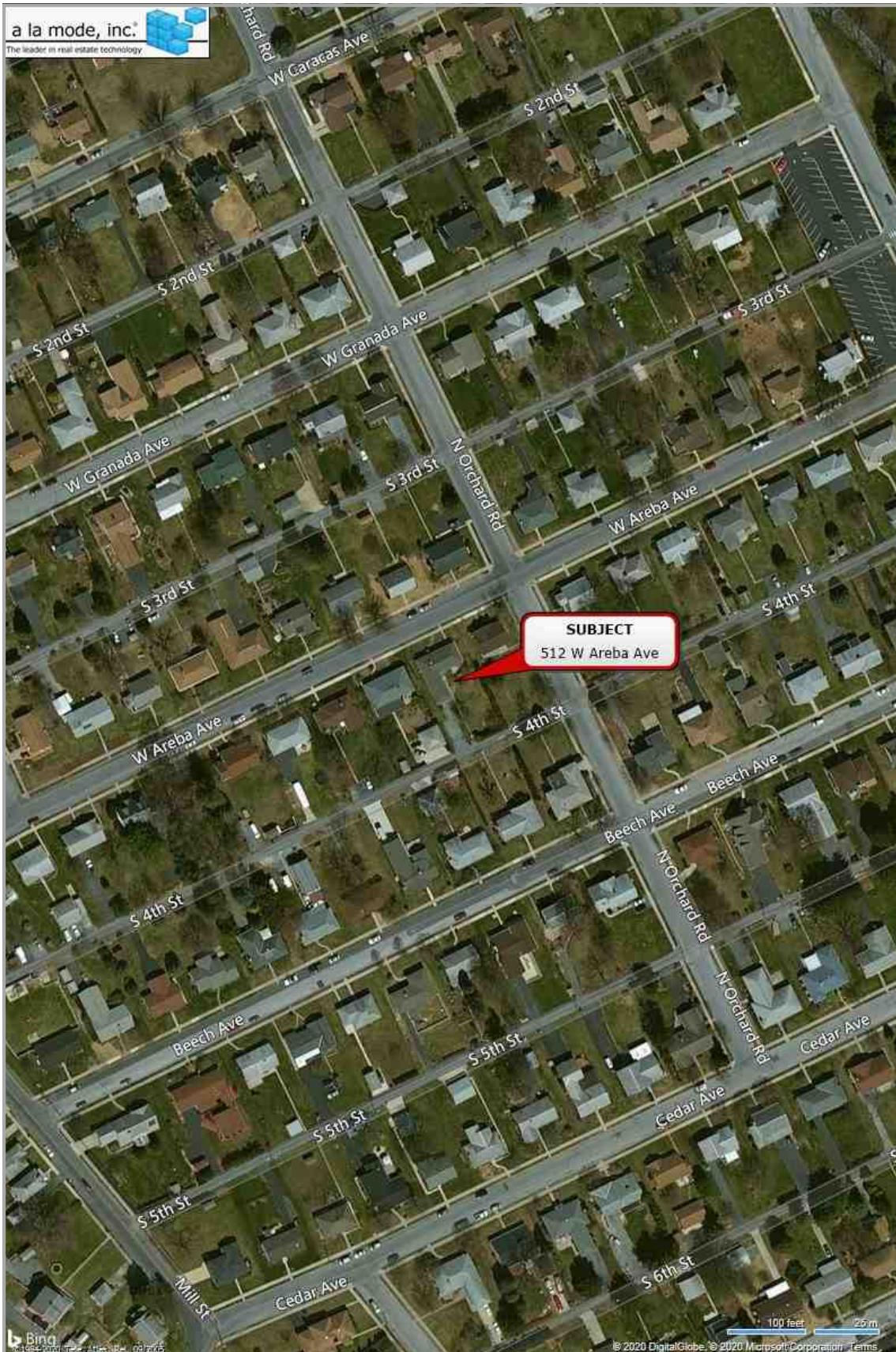
Prox. to Subject  
 Sales Price  
 Gross Living Area  
 Total Rooms  
 Total Bedrooms  
 Total Bathrooms  
 Location  
 View  
 Site  
 Quality  
 Age

**Comparable 6**

Prox. to Subject  
 Sales Price  
 Gross Living Area  
 Total Rooms  
 Total Bedrooms  
 Total Bathrooms  
 Location  
 View  
 Site  
 Quality  
 Age

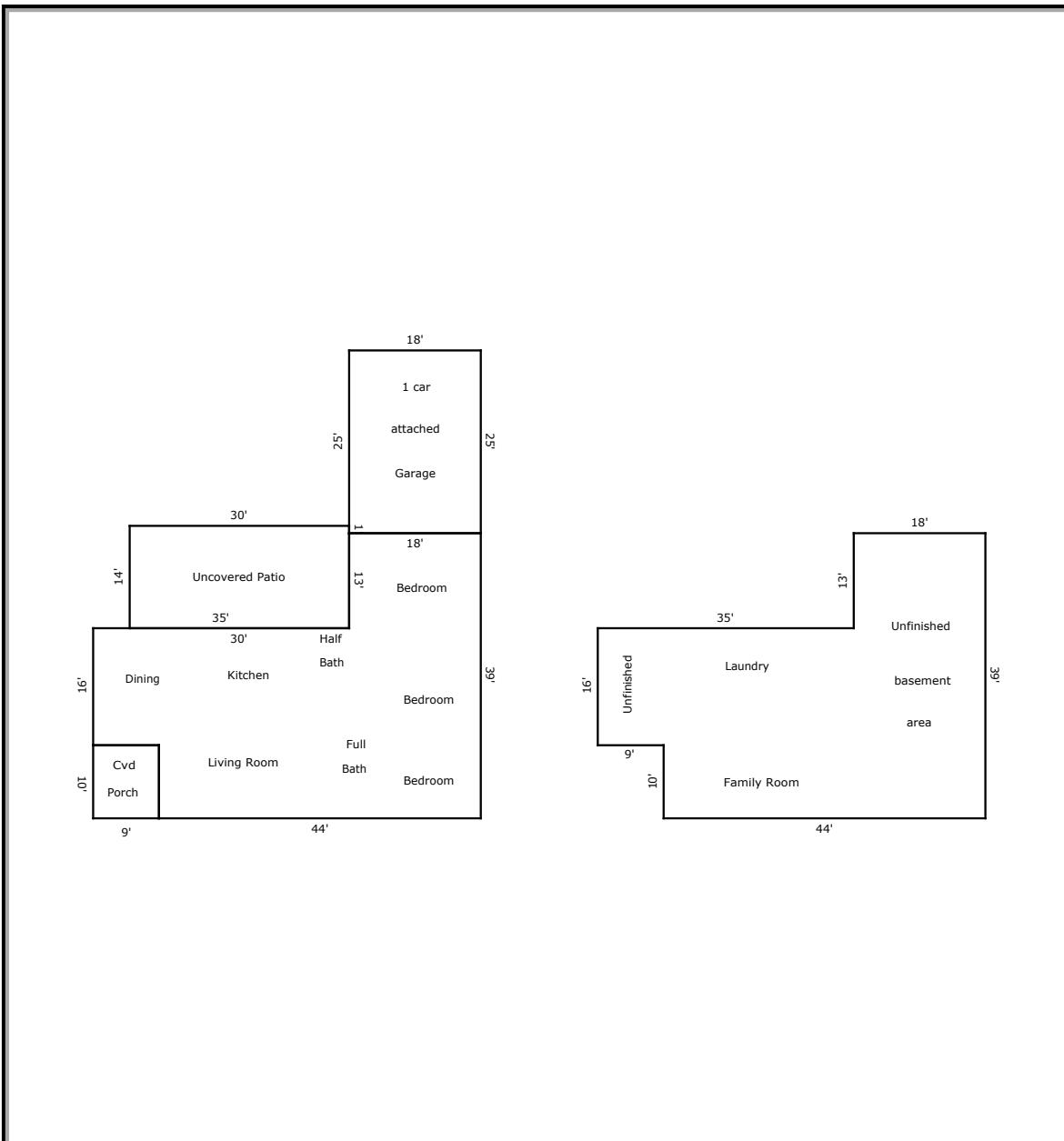
**Aerial Map**

Borrower	n/a
Property Address	512 W Areba Ave
City	Hershey
Lender/Client	Michael Mimoso



**Building Sketch**

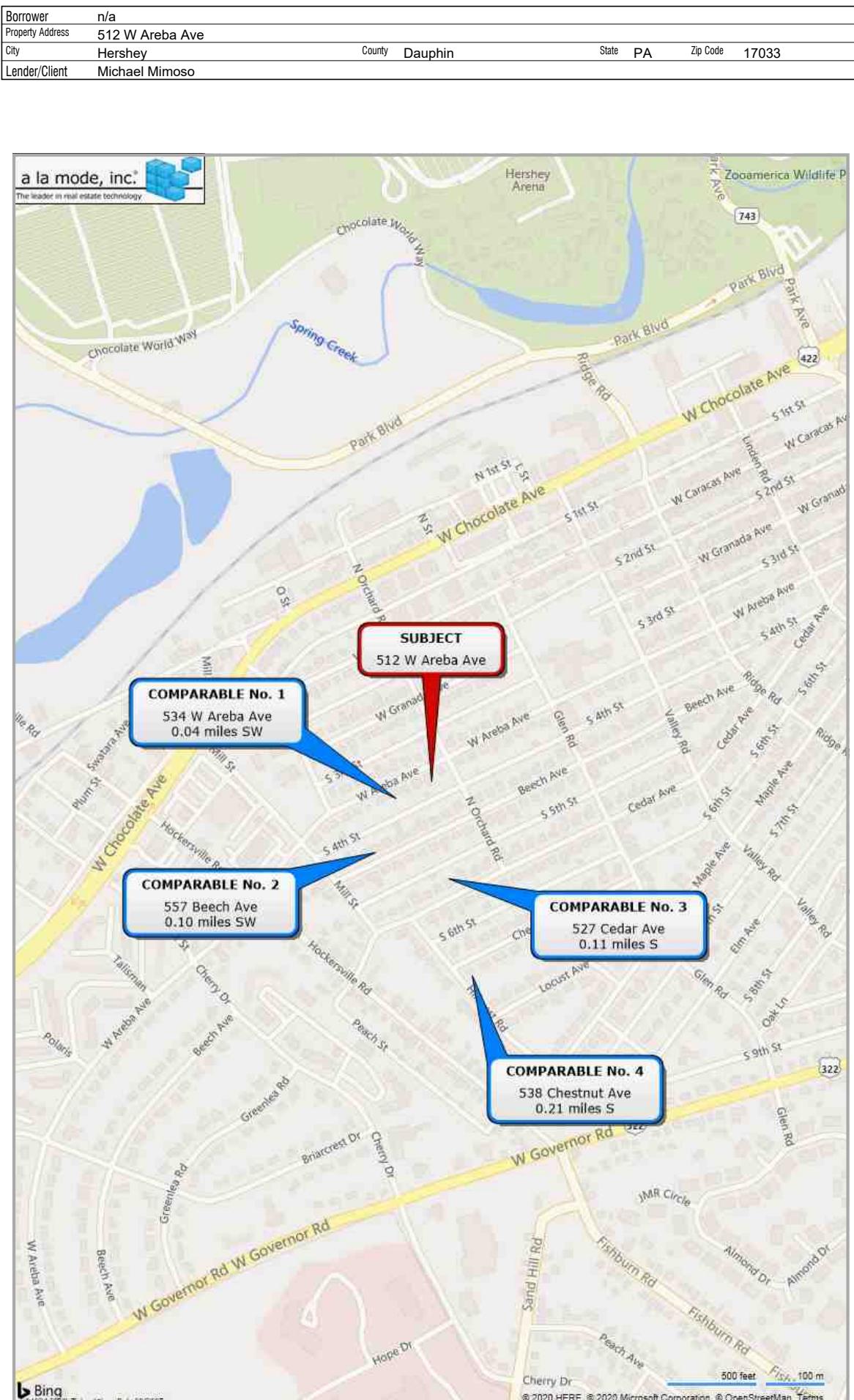
Borrower	n/a
Property Address	512 W Areba Ave
City	Hershey
Lender/Client	Michael Mimoso



TOTAL Sketch by a la mode, inc.

**Area Calculations Summary**

Living Area	Calculation Details
First Floor	$18 \times 13 = 234$ $26 \times 44 = 1144$ $9 \times 16 = 144$
<b>Total Living Area (Rounded):</b>	<b>1522 Sq ft</b>
<b>Non-living Area</b>	
Uncovered Patio	$14 \times 30 = 420$
Attached	$18 \times 25 = 450$
Basement	$18 \times 13 = 234$ $26 \times 44 = 1144$ $9 \times 16 = 144$
Covered Porch	$9 \times 10 = 90$

**Location Map**

**Legal Description - Page 1**

Parcel # 49158  
24-035-012  
RECEIVED

*Deed*

2005 NOV 30 P 2:36

RECORDER'S OFFICE  
COUNTY OF DAUPHIN  
PENNSYLVANIA

This Indenture, made the 25<sup>th</sup> day of November, 2005,

Between

LINDA C. SCHIRALDI

(hereinafter called the Grantor), of the one part, and

MICHAEL A. MIMOSO AND AMELIE MIMOSO, HUSBAND AND WIFE

(hereinafter called the Grantees), of the other part,

**Witnesseth**, that the said Grantor for and in consideration of the sum of **One Hundred Eighty-Three Thousand And 00/100 Dollars (\$183,000.00)** lawful money of the United States of America, unto her well and truly paid by the said Grantees, at or before the sealing and delivery hereof, the receipt whereof is hereby acknowledged, has granted, bargained and sold, released and confirmed, and by these presents does grant, bargain and sell, release and confirm unto the said Grantees, as tenants by the entirety

ALL THAT CERTAIN lot or piece of land situate in the Township of Derry, Dauphin County, State of Pennsylvania, designated and known as all of lot numbered 33 and the Westerly one-half of lot numbered 34, of Block No. 29 on a plan of lots known as Subdivision "D", bounded and described as follows:

BEGINNING at a point on the South side of West Areba Avenue, said point being seventy-five (75) feet West of the Southwest corner of West Areba Avenue and Orchard Road; thence extending Southwardly at right angles to West Areba Avenue for a distance of one hundred fifty (150) feet to a point on the North side of a fifteen (15) feet wide alley; thence extending Westwardly along the North side of said alley and parallel to West Areba Avenue for a distance of seventy-five (75) feet to a point; thence extending Northwardly at right angles to said alley and West Areba Avenue for a distance of one hundred fifty (150) feet to a point on the South side of West Areba Avenue; thence extending Eastwardly along the South side of West Areba Avenue for a distance of seventy-five (75) feet to the place of BEGINNING.

SUBJECT to all the exceptions, reservations, conditions, and restrictions contained in prior conveyances.

BEING THE SAME PREMISES which Jeffrey A. Romualdi and Diane N. Romualdi, husband and wife, by their Deed dated June 18, 2003 and recorded July 3, 2003 in the Office of the Recorder of Deeds in and for Dauphin County, Pennsylvania, in Record Book 5002, Page 625, granted and conveyed unto Linda C. Schiraldi, the Grantor herein.

1

BK 6302 PG 140

SLT# 400501904

**Legal Description - Page 2**

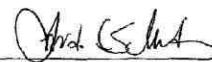
**Together with** all and singular the buildings and improvements, ways, streets, alleys, driveways, passages, waters, water-courses, rights, liberties, privileges, hereditaments and appurtenances, whatsoever unto the hereby granted premises belonging, or in anywise appertaining, and the reversions and remainders, rents, issues, and profits thereof; and all the estate, right, title, interest, property, claim and demand whatsoever of her, the said grantor, as well at law as in equity, of, in and to the same.

**To have and to hold** the said lot or piece of ground described above, with the buildings and improvements thereon erected, hereditaments and premises hereby granted, or mentioned and intended so to be, with the appurtenances, unto the said Grantees, their heirs and assigns, to and for the only proper use and behoof of the said Grantees, their heirs and assigns, forever.

**And** the said Grantor, for herself and her heirs, executors and administrators, does, by these presents, covenant, grant and agree, to and with the said Grantees, their heirs and assigns, that she, the said Grantor, and her heirs, all and singular the hereditaments and premises herein described and granted, or mentioned and intended so to be, with the appurtenances, unto the said Grantees, their heirs and assigns, against her, the said Grantor, and her heirs, will warrant and defend against the lawful claims of all persons claiming by, through or under the said Grantor but not otherwise.

**In Witness Whereof**, the party of the first part has hereunto set her hand and seal. Dated the day and year first above written.

**Sealed and Delivered**  
IN THE PRESENCE OF US:

  
\_\_\_\_\_  
Linda C. Schiraldi {SEAL}

2

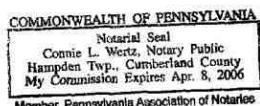
BK6302PG 141

**Legal Description - Page 3**

Commonwealth of Pennsylvania } ss  
 County of Dauphin

On this the 25<sup>th</sup> day of November, 2005, before me, the undersigned Notary Public, personally appeared Linda C. Schiraldi, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.



Connie L. Wertz  
 Notary Public  
 My commission expires \_\_\_\_\_

The address of the above-named Grantees is:  
**512 West Areba Avenue, Hershey, PA 17033.**

Connie L. Wertz  
 On behalf of the Grantees

P69634		11/30/2005		
No	TRANSACTION	COUNTY	PENNS	TOTAL
1	10 DEEDS	13.00	0.50	13.50
1	39 AFFORDABLE HOUSING	13.00		13.00
1	15 MORTGAGES	13.00	0.50	13.50
1	39 AFFORDABLE HOUSING	13.00		13.00
13	12 EXTRA FEES	26.00		26.00
2	59 ADPC		20.00	20.00
2	53 ACT 1 OF 1998	10.00		10.00

PA REALTY TRANSFER TAXES :	
COMMUNALY OF PENNSYLVANIA	<i>bf</i>
4 DERRY TWP	1820.00
90 DERRY SCHOOL DIST	915.00
CASH. 0.00 CHECK.. 3765.00	915.00
	3,765.00

I hereby CERTIFY that this document is recorded in the Recorder's Office of Dauphin County, Pennsylvania.



*James M. Zugay, Esq.*  
 James M. Zugay, Esq.  
 Recorder of Deeds

**UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM**

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

**Condition Ratings and Definitions****C1**

The improvements have been recently constructed and have not been previously occupied. The entire structure and all components are new and the dwelling features no physical depreciation.

Note: Newly constructed improvements that feature recycled or previously used materials and/or components can be considered new dwellings provided that the dwelling is placed on a 100 percent new foundation and the recycled materials and the recycled components have been rehabilitated/remanufactured into like-new condition. Improvements that have not been previously occupied are not considered "new" if they have any significant physical depreciation (that is, newly constructed dwellings that have been vacant for an extended period of time without adequate maintenance or upkeep).

**C2**

The improvements feature no deferred maintenance, little or no physical depreciation, and require no repairs. Virtually all building components are new or have been recently repaired, refinished, or rehabilitated. All outdated components and finishes have been updated and/or replaced with components that meet current standards. Dwellings in this category are either almost new or have been recently completely renovated and are similar in condition to new construction.

Note: The improvements represent a relatively new property that is well maintained with no deferred maintenance and little or no physical depreciation, or an older property that has been recently completely renovated.

**C3**

The improvements are well maintained and feature limited physical depreciation due to normal wear and tear. Some components, but not every major building component, may be updated or recently rehabilitated. The structure has been well maintained.

Note: The improvement is in its first-cycle of replacing short-lived building components (appliances, floor coverings, HVAC, etc.) and is being well maintained. Its estimated effective age is less than its actual age. It also may reflect a property in which the majority of short-lived building components have been replaced but not to the level of a complete renovation.

**C4**

The improvements feature some minor deferred maintenance and physical deterioration due to normal wear and tear. The dwelling has been adequately maintained and requires only minimal repairs to building components/mechanical systems and cosmetic repairs. All major building components have been adequately maintained and are functionally adequate.

Note: The estimated effective age may be close to or equal to its actual age. It reflects a property in which some of the short-lived building components have been replaced, and some short-lived building components are at or near the end of their physical life expectancy; however, they still function adequately. Most minor repairs have been addressed on an ongoing basis resulting in an adequately maintained property.

**C5**

The improvements feature obvious deferred maintenance and are in need of some significant repairs. Some building components need repairs, rehabilitation, or updating. The functional utility and overall livability is somewhat diminished due to condition, but the dwelling remains useable and functional as a residence.

Note: Some significant repairs are needed to the improvements due to the lack of adequate maintenance. It reflects a property in which many of its short-lived building components are at the end of or have exceeded their physical life expectancy but remain functional.

**C6**

The improvements have substantial damage or deferred maintenance with deficiencies or defects that are severe enough to affect the safety, soundness, or structural integrity of the improvements. The improvements are in need of substantial repairs and rehabilitation, including many or most major components.

Note: Substantial repairs are needed to the improvements due to the lack of adequate maintenance or property damage. It reflects a property with conditions severe enough to affect the safety, soundness, or structural integrity of the improvements.

**Quality Ratings and Definitions****Q1**

Dwellings with this quality rating are usually unique structures that are individually designed by an architect for a specified user. Such residences typically are constructed from detailed architectural plans and specifications and feature an exceptionally high level of workmanship and exceptionally high-grade materials throughout the interior and exterior of the structure. The design features exceptionally high-quality exterior refinements and ornamentation, and exceptionally high-quality interior refinements. The workmanship, materials, and finishes throughout the dwelling are of exceptionally high quality.

**Q2**

Dwellings with this quality rating are often custom designed for construction on an individual property owner's site. However, dwellings in this quality grade are also found in high-quality tract developments featuring residence constructed from individual plans or from highly modified or upgraded plans. The design features detailed, high quality exterior ornamentation, high-quality interior refinements, and detail. The workmanship, materials, and finishes throughout the dwelling are generally of high or very high quality.

**UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM**

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

**Quality Ratings and Definitions (continued)****Q3**

Dwellings with this quality rating are residences of higher quality built from individual or readily available designer plans in above-standard residential tract developments or on an individual property owner's site. The design includes significant exterior ornamentation and interiors that are well finished. The workmanship exceeds acceptable standards and many materials and finishes throughout the dwelling have been upgraded from "stock" standards.

**Q4**

Dwellings with this quality rating meet or exceed the requirements of applicable building codes. Standard or modified standard building plans are utilized and the design includes adequate fenestration and some exterior ornamentation and interior refinements. Materials, workmanship, finish, and equipment are of stock or builder grade and may feature some upgrades.

**Q5**

Dwellings with this quality rating feature economy of construction and basic functionality as main considerations. Such dwellings feature a plain design using readily available or basic floor plans featuring minimal fenestration and basic finishes with minimal exterior ornamentation and limited interior detail. These dwellings meet minimum building codes and are constructed with inexpensive, stock materials with limited refinements and upgrades.

**Q6**

Dwellings with this quality rating are of basic quality and lower cost; some may not be suitable for year-round occupancy. Such dwellings are often built with simple plans or without plans, often utilizing the lowest quality building materials. Such dwellings are often built or expanded by persons who are professionally unskilled or possess only minimal construction skills. Electrical, plumbing, and other mechanical systems and equipment may be minimal or non-existent. Older dwellings may feature one or more substandard or non-conforming additions to the original structure.

**Definitions of Not Updated, Updated, and Remodeled****Not Updated**

Little or no updating or modernization. This description includes, but is not limited to, new homes.

Residential properties of fifteen years of age or less often reflect an original condition with no updating, if no major components have been replaced or updated. Those over fifteen years of age are also considered not updated if the appliances, fixtures, and finishes are predominantly dated. An area that is "Not Updated" may still be well maintained and fully functional, and this rating does not necessarily imply deferred maintenance or physical/functional deterioration.

**Updated**

The area of the home has been modified to meet current market expectations. These modifications are limited in terms of both scope and cost.

An updated area of the home should have an improved look and feel, or functional utility. Changes that constitute updates include refurbishment and/or replacing components to meet existing market expectations. Updates do not include significant alterations to the existing structure.

**Remodeled**

Significant finish and/or structural changes have been made that increase utility and appeal through complete replacement and/or expansion.

A remodeled area reflects fundamental changes that include multiple alterations. These alterations may include some or all of the following: replacement of a major component (cabinet(s), bathtub, or bathroom tile), relocation of plumbing/gas fixtures/appliances, significant structural alterations (relocating walls, and/or the addition of square footage). This would include a complete gutting and rebuild.

**Explanation of Bathroom Count**

Three-quarter baths are counted as a full bath in all cases. Quarter baths (baths that feature only a toilet) are not included in the bathroom count. The number of full and half baths is reported by separating the two values using a period, where the full bath count is represented to the left of the period and the half bath count is represented to the right of the period.

Example:

3.2 indicates three full baths and two half baths.

## UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM

(Source: Fannie Mae UAD Appendix D: UAD Field-Specific Standardization Requirements)

#### Abbreviations Used in Data Standardization Text

Abbreviation	Full Name	Fields Where This Abbreviation May Appear
A	Adverse	Location & View
ac	Acres	Area, Site
AdjPrk	Adjacent to Park	Location
AdjPwr	Adjacent to Power Lines	Location
ArmLth	Arms Length Sale	Sale or Financing Concessions
AT	Attached Structure	Design (Style)
B	Beneficial	Location & View
ba	Bathroom(s)	Basement & Finished Rooms Below Grade
br	Bedroom	Basement & Finished Rooms Below Grade
BsyRd	Busy Road	Location
c	Contracted Date	Date of Sale/Time
Cash	Cash	Sale or Financing Concessions
Comm	Commercial Influence	Location
Conv	Conventional	Sale or Financing Concessions
cp	Carport	Garage/Carport
CrtOrd	Court Ordered Sale	Sale or Financing Concessions
CtySky	City View Skyline View	View
CtyStr	City Street View	View
cv	Covered	Garage/Carport
DOM	Days On Market	Data Sources
DT	Detached Structure	Design (Style)
dw	Driveway	Garage/Carport
e	Expiration Date	Date of Sale/Time
Estate	Estate Sale	Sale or Financing Concessions
FHA	Federal Housing Authority	Sale or Financing Concessions
g	Garage	Garage/Carport
ga	Attached Garage	Garage/Carport
gbi	Built-in Garage	Garage/Carport
gd	Detached Garage	Garage/Carport
GlfCse	Golf Course	Location
Glfvw	Golf Course View	View
GR	Garden	Design (Style)
HR	High Rise	Design (Style)
in	Interior Only Stairs	Basement & Finished Rooms Below Grade
Ind	Industrial	Location & View
Listing	Listing	Sale or Financing Concessions
Lndfl	Landfill	Location
LtdSght	Limited Sight	View
MR	Mid-rise	Design (Style)
Mtn	Mountain View	View
N	Neutral	Location & View
NonArm	Non-Arms Length Sale	Sale or Financing Concessions
o	Other	Basement & Finished Rooms Below Grade
O	Other	Design (Style)
op	Open	Garage/Carport
Prk	Park View	View
Pstrl	Pastoral View	View
PwrLn	Power Lines	View
PubTrn	Public Transportation	Location
Relo	Relocation Sale	Sale or Financing Concessions
REO	REO Sale	Sale or Financing Concessions
Res	Residential	Location & View
RH	USDA - Rural Housing	Sale or Financing Concessions
rr	Recreational (Rec) Room	Basement & Finished Rooms Below Grade
RT	Row or Townhouse	Design (Style)
s	Settlement Date	Date of Sale/Time
SD	Semi-detached Structure	Design (Style)
Short	Short Sale	Sale or Financing Concessions
sf	Square Feet	Area, Site, Basement
sqm	Square Meters	Area, Site
Unk	Unknown	Date of Sale/Time
VA	Veterans Administration	Sale or Financing Concessions
w	Withdrawn Date	Date of Sale/Time
wo	Walk Out Basement	Basement & Finished Rooms Below Grade
Woods	Woods View	View
Wtr	Water View	View
WtrFr	Water Frontage	Location
wu	Walk Up Basement	Basement & Finished Rooms Below Grade

## UNIFORM APPRAISAL DATASET (UAD) DEFINITIONS ADDENDUM

#### **Other Appraiser-Defined Abbreviations (continued)**

**License**

<p>DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE TO THIS DOCUMENT</p> <p>Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs PO BOX 2649 Harrisburg PA 17105-2649</p>	
License Type Certified General Appraiser	License Status Active
FRANK DAVID TOMECEK 110 N. MARKET STREET P.O. BOX 410 SCHAFFERTOWN, PA 17088	Initial License Date 10/15/1991
Expiration Date 06/30/2021	Signature 
License Number GA000374L	Acting Commissioner of Professional and Occupational Affairs  ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 P.A.C.S. § 4911

**FROM:**

Mr. Migdoel Rodríguez Rivera  
 Migdoel Rodríguez & Associates - Appraisal Group, PSC  
 d.b.a. Appraisal Advisors Group  
 92 Urb. Lakeview Est  
 Caguas, PR 00725-3320  
 Telephone Number: 787-746-3219

Fax Number:

**TO:**

Michael Mimoso

Telephone Number: 717-319-8344  
 Alternate Number:

Fax Number:

E-Mail: mikemimoso54@gmail.com

**INVOICE****INVOICE NUMBER**

22005007

**DATE**

06/15/2020

**REFERENCE**

Internal Order #: 22005007

Lender Case #: Private

Client File #: Private

Main File # on form: 22005007

Other File # on form: Private

Federal Tax ID:

Employer ID:

**DESCRIPTION**

Lender: Michael Mimoso

Client: Michael Mimoso

Purchaser/Borrower: N/A

Property Address: A-15, Angel L. Ortiz (A) St., Paradis Dev

City: Caguas

County: (025)Caguas

State: PR

Zip: 00725

Legal Description: N: Remanent Lot; S: A Street; E: Remanent Lot; W: Carmen Paradis.

**FEES****AMOUNT**

Residential Appraisal 2-Units	375.00
IVU 4%	15.00

<b>SUBTOTAL</b>	390.00
-----------------	--------

**PAYMENTS****AMOUNT**

Check #:	Date: 05/18/2020	Description: Full payment	390.00
Check #:	Date:	Description:	
Check #:	Date:	Description:	

<b>SUBTOTAL</b>	390.00
-----------------	--------

<b>TOTAL DUE</b>	\$ 0.00
------------------	---------

## **APPRAISAL OF REAL PROPERTY**



### **LOCATED AT**

A-15, Angel L. Ortiz (A) St., Paradis Dev  
Caguas, PR 00725  
N: Remanent Lot; S: A Street; E: Remanent Lot; W: Carmen Paradis.

### **FOR**

Michael Mimoso

### **AS OF**

05/30/2020

### **BY**

Nadia C Rodriguez Gonzalez  
Appraisal Advisors Group  
92 Urb. Lakeview Est  
Caguas, PR 00725-3320  
(787) 746-3219  
aagroup01@gmail.com

# USPAP Compliance Addendum

Loan # Private  
File # 22005007

Client	Michael Mimoso		
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev		
City	Caguas	County	(025)Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso	State	PR
			Zip Code
			00725

## APPRAISAL AND REPORT IDENTIFICATION

This Appraisal Report is one of the following types:

- |   |  |
|---|--|
| <input type="checkbox"/> Appraisal Report                       | This report was prepared in accordance with the requirements of the Appraisal Report option of USPAP Standards Rule 2-2(a).  |
| <input checked="" type="checkbox"/> Restricted Appraisal Report | This report was prepared in accordance with the requirements of the Restricted Appraisal Report option of USPAP Standards Rule 2-2(b), and is intended only for the use of the client and any other named intended user(s). Users of this report must clearly understand that the report may not contain supporting rationale for all of the opinions and conclusions set forth in the report. |

## ADDITIONAL CERTIFICATIONS

I certify that, to the best of my knowledge and belief:

- The statements of fact contained in this report are true and correct.
- The report analyses, opinions, and conclusions are limited only by the reported assumptions and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.
- I have no (or the specified) present or prospective interest in the property that is the subject of this report and no (or specified) personal interest with respect to the parties involved.
- I have no bias with respect to the property that is the subject of this report or the parties involved with this assignment.
- My engagement in this assignment was not contingent upon developing or reporting predetermined results.
- My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.
- My analyses, opinions, and conclusions were developed and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice.
- This appraisal report was prepared in accordance with the requirements of Title XI of FIRREA and any implementing regulations.

## PRIOR SERVICES

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | I have NOT performed services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.   |
| <input type="checkbox"/>            | I HAVE performed services, as an appraiser or in another capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment. Those services are described in the comments below. |

## PROPERTY INSPECTION

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | I have NOT made a personal inspection of the property that is the subject of this report. |
| <input checked="" type="checkbox"/> | I HAVE made a personal inspection of the property that is the subject of this report.     |

## APPRAISAL ASSISTANCE

Unless otherwise noted, no one provided significant real property appraisal assistance to the person signing this certification. If anyone did provide significant assistance, they are hereby identified along with a summary of the extent of the assistance provided in the report.

## ADDITIONAL COMMENTS

Additional USPAP related issues requiring disclosure and/or any state mandated requirements:

## MARKETING TIME AND EXPOSURE TIME FOR THE SUBJECT PROPERTY

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | A reasonable marketing time for the subject property is <u>90 - 180</u> day(s) utilizing market conditions pertinent to the appraisal assignment. |
| <input checked="" type="checkbox"/> | A reasonable exposure time for the subject property is <u>90 - 180</u> day(s).  |

## APPRAISER

## SUPERVISORY APPRAISER (ONLY IF REQUIRED)

Signature \_\_\_\_\_  
Name Nadia C Rodriguez Gonzalez  
Date of Signature 06/15/2020  
State Certification # 216RC  
or State License # \_\_\_\_\_  
State PR  
Expiration Date of Certification or License 08/28/2022  
Effective Date of Appraisal 05/30/2020

Signature \_\_\_\_\_  
Name Migdoel Rodriguez-Rivera  
Date of Signature 06/15/2020  
State Certification # PRGC201  
or State License # \_\_\_\_\_  
State PR  
Expiration Date of Certification or License 10/04/2020  
Supervisory Appraiser Inspection of Subject Property  
 Did Not  Exterior-only from Street  Interior and Exterior

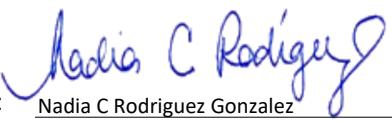
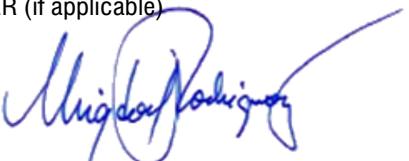
## **RESTRICTED APPRAISAL REPORT**

SUBJECT ASSIGNMENT	Property Address: A-15, Angel L. Ortiz (A) St., Paradis Dev			City: Caguas			State: PR		Zip Code: 00725																																																																																																																																																																																																																																																																																																																																																																																																																						
	County: (025)Caguas			Legal Description: N: Remanent Lot; S: A Street; E: Remanent Lot; W: Carmen Paradis.			Assessor's Parcel #: 225-035-012-17-001																																																																																																																																																																																																																																																																																																																																																																																																																								
	Tax Year: 2020		R.E. Taxes: \$ 0		Special Assessments: \$ 0		Borrower (if applicable): N/A																																																																																																																																																																																																																																																																																																																																																																																																																								
	Current Owner of Record: Sucesión Carmen I. Ortiz de Mimoso			Occupant: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input checked="" type="checkbox"/> Vacant			<input type="checkbox"/> Manufactured Housing																																																																																																																																																																																																																																																																																																																																																																																																																								
	Property Type: <input type="checkbox"/> SFR <input checked="" type="checkbox"/> 2-4 Family <input type="checkbox"/>			# of Units: 2			<input checked="" type="checkbox"/> None <input type="checkbox"/> PUD <input type="checkbox"/> Condo <input type="checkbox"/> Coop																																																																																																																																																																																																																																																																																																																																																																																																																								
	Market Area Name: Paradis Development			Map Reference: 41980			Census Tract: 2010.00			<input type="checkbox"/> Flood Hazard																																																																																																																																																																																																																																																																																																																																																																																																																					
	The purpose of this appraisal is to develop an opinion of: <input checked="" type="checkbox"/> Market Value (as defined), or <input type="checkbox"/> other type of value (describe)																																																																																																																																																																																																																																																																																																																																																																																																																														
	This report reflects the following value (if not Current, see comments): <input checked="" type="checkbox"/> Current (the Inspection Date is the Effective Date) <input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective																																																																																																																																																																																																																																																																																																																																																																																																																														
	Approaches developed for this appraisal: <input checked="" type="checkbox"/> Sales Comparison Approach <input type="checkbox"/> Cost Approach <input type="checkbox"/> Income Approach <input type="checkbox"/> Other:																																																																																																																																																																																																																																																																																																																																																																																																																														
	Property Rights Appraised: <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold <input type="checkbox"/> Leased Fee <input type="checkbox"/> Other (describe)																																																																																																																																																																																																																																																																																																																																																																																																																														
Intended Use: Determine market value.																																																																																																																																																																																																																																																																																																																																																																																																																															
Under USPAP Standards Rule 2-2(b), this is a Restricted Appraisal Report, and is intended only for the sole use of the named client. There are no other intended users. The client must clearly understand that the appraiser's opinions and conclusions may not be understood properly without additional information in the appraiser's work file.																																																																																																																																																																																																																																																																																																																																																																																																																															
Client: Michael Mimoso		Address:																																																																																																																																																																																																																																																																																																																																																																																																																													
Appraiser: Nadia C Rodriguez Gonzalez		Address: 92 Urb. Lakeview Est, Caguas, PR 00725-3320																																																																																																																																																																																																																																																																																																																																																																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FEATURE</th> <th>SUBJECT</th> <th colspan="3">COMPARABLE SALE # 1</th> <th colspan="3">COMPARABLE SALE # 2</th> <th colspan="3">COMPARABLE SALE # 3</th> </tr> </thead> <tbody> <tr> <td>Address</td> <td>A-15, Angel L. Ortiz (A) St., Paradis Dev</td> <td>AM-9, 31-A St., Residencial Bairoa</td> <td>Caguas, PR 00725</td> <td></td> <td>AC-1, Rodrigo Triana St., Residencial Bairoa</td> <td>Caguas, PR 00725</td> <td></td> <td>A-22, Ricky Seda St., Valle Tolima Caguas, PR 00725</td> <td></td> <td></td> </tr> <tr> <td>Proximity to Subject</td> <td></td> <td colspan="3">1.00 miles NW</td> <td colspan="3">0.95 miles N</td> <td colspan="3">0.98 miles W</td> </tr> <tr> <td>Sale Price</td> <td>\$ 0</td> <td></td> <td>\$ 97,000</td> <td></td> <td>\$ 105,000</td> <td></td> <td>\$ 105,000</td> <td></td> <td></td> </tr> <tr> <td>Sale Price/GLA</td> <td>\$ /sq.ft.</td> <td>\$ 48.07 /sq.ft.</td> <td></td> <td>\$ 54.21 /sq.ft.</td> <td></td> <td>\$ 87.50 /sq.ft.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Data Source(s)</td> <td>Mrs. Rodriguez</td> <td colspan="3">Tasamax 119100; DOM Unk</td> <td colspan="3">Tasamax 120480; DOM 90</td> <td colspan="3">Tasamax 119548; DOM 90</td> </tr> <tr> <td>Verification Source(s)</td> <td>Field Inspection</td> <td colspan="3">Fellow Appraiser</td> <td colspan="3">Fellow Appraiser</td> <td colspan="3">Fellow Appraiser</td> </tr> <tr> <td>VALUE ADJUSTMENTS</td> <td>DESCRIPTION</td> <td colspan="2">DESCRIPTION</td> <td>+(-) \$ Adjust.</td> <td colspan="2">DESCRIPTION</td> <td>+(-) \$ Adjust.</td> <td colspan="2">DESCRIPTION</td> <td>+(-) \$ Adjust.</td> </tr> <tr> <td>Sales or Financing Concessions</td> <td>0</td> <td colspan="2">None</td> <td></td> <td colspan="2">None</td> <td></td> <td colspan="2">Seller Concession</td> <td></td> </tr> <tr> <td>Date of Sale/Time</td> <td>N/A</td> <td colspan="2">06/17/2019</td> <td></td> <td colspan="2">07/31/2019</td> <td></td> <td colspan="2">\$5,000.00</td> <td>-5,000</td> </tr> <tr> <td>Rights Appraised</td> <td>Fee Simple</td> <td colspan="2">Fee Simple</td> <td></td> <td colspan="2">Fee Simple</td> <td></td> <td colspan="2">Fee Simple</td> <td></td> </tr> <tr> <td>Location</td> <td>Caguas Town</td> <td colspan="2">Average</td> <td></td> <td colspan="2">Residencial Bairoa</td> <td></td> <td colspan="2">Valle Tolima Dev</td> <td></td> </tr> <tr> <td>Site</td> <td>200 sqm @ \$120</td> <td colspan="2">300 sqm @ \$100</td> <td>-6,000</td> <td colspan="2">314 sqm @ \$100</td> <td>-7,400</td> <td colspan="2">223 sqm @ \$120</td> <td>-2,760</td> </tr> <tr> <td>View</td> <td>Residential/Avg.</td> <td colspan="2">Residential/Average</td> <td></td> <td colspan="2">Residential/Avg.</td> <td></td> <td colspan="2">Residential/Avg.</td> <td></td> </tr> <tr> <td>Design (Style)</td> <td>2-Units/2-Stories</td> <td colspan="2">2-Units/2-Stories</td> <td></td> <td colspan="2">4-Units/2-Story</td> <td>0</td> <td colspan="2">2-Units/2-Story</td> <td></td> </tr> <tr> <td>Quality of Construction</td> <td>Average</td> <td colspan="2">Average</td> <td></td> <td colspan="2">Average</td> <td></td> <td colspan="2">Average</td> <td></td> </tr> <tr> <td>Age</td> <td>~60 Years</td> <td colspan="2">46 Years</td> <td>0</td> <td colspan="2">45 Years</td> <td>0</td> <td colspan="2">48 Years</td> <td>0</td> </tr> <tr> <td>Condition</td> <td>Average</td> <td colspan="2">Average</td> <td></td> <td colspan="2">Average</td> <td></td> <td colspan="2">Average (-2%)</td> <td>-2,100</td> </tr> <tr> <td>Above Grade</td> <td>Total Bdrms Baths</td> <td>Total Bdrms Baths</td> <td></td> <td>Total Bdrms Baths</td> <td>Total Bdrms Baths</td> <td></td> <td>Total Bdrms Baths</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Room Count</td> <td>10 4 2</td> <td>10 6 4</td> <td>-2,000</td> <td>16 4 4.0</td> <td>-2,000</td> <td>10 4 2.0</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Gross Living Area</td> <td>2,001 sq.ft.</td> <td colspan="2">2,018 sq.ft.</td> <td>+1,035</td> <td colspan="2">1,937 sq.ft.</td> <td>+2,250</td> <td colspan="2">1,200 sq.ft.</td> <td>+13,305</td> </tr> <tr> <td>Basement &amp; Finished Rooms Below Grade</td> <td>Osf</td> <td colspan="2">Osf</td> <td></td> <td colspan="2">Osf</td> <td></td> <td colspan="2">Osf</td> <td></td> </tr> <tr> <td>Functional Utility</td> <td>Average</td> <td colspan="2">Average</td> <td></td> <td colspan="2">Average</td> <td></td> <td colspan="2">Average</td> <td></td> </tr> <tr> <td>Heating/Cooling</td> <td>None</td> <td colspan="2">None</td> <td></td> <td colspan="2">None</td> <td></td> <td colspan="2">None</td> <td></td> </tr> <tr> <td>Energy Efficient Items</td> <td>None</td> <td colspan="2">None</td> <td></td> <td colspan="2">None</td> <td></td> <td colspan="2">None</td> <td></td> </tr> <tr> <td>Garage/Carport</td> <td>None</td> <td colspan="2">2-Car Ext. Carport</td> <td>-5,000</td> <td colspan="2">1-Car Carpot</td> <td>-2,500</td> <td colspan="2">2-Car Carport</td> <td>-5,000</td> </tr> <tr> <td>Porch/Patio/Deck</td> <td>(2) Porch</td> <td colspan="2">Porch,Balcony</td> <td>-1,000</td> <td colspan="2">None</td> <td>+2,000</td> <td colspan="2">Porch</td> <td>+1,000</td> </tr> <tr> <td>Extras</td> <td>Fnc,Pa</td> <td colspan="2">Fnc,Pa</td> <td></td> <td colspan="2">Fnc,Pa</td> <td></td> <td colspan="2">Fnc,Pa</td> <td></td> </tr> <tr> <td>Extras</td> <td>Ldy</td> <td colspan="2">OTer,Ldy</td> <td>-500</td> <td colspan="2">Clo</td> <td>+1,500</td> <td colspan="2">Sto,Ba,(2)Ldy</td> <td>-3,500</td> </tr> <tr> <td>Extras</td> <td>None</td> <td colspan="2">None</td> <td></td> <td colspan="2">(2)OTer,(3)Ldy</td> <td>-5,000</td> <td colspan="2">ATer,OpenArea</td> <td>-500</td> </tr> <tr> <td>Extras</td> <td>Unfinished Structure</td> <td colspan="2">None</td> <td>+3,000</td> <td colspan="2">None</td> <td>+3,000</td> <td colspan="2">None</td> <td>+3,000</td> </tr> <tr> <td>Repairs Needed</td> <td>Repairs Needed</td> <td colspan="2">None</td> <td>-650</td> <td colspan="2">None</td> <td>-650</td> <td colspan="2"></td> <td>-650</td> </tr> <tr> <td>Net Adjustment (Total)</td> <td></td> <td><input type="checkbox"/> + <input checked="" type="checkbox"/> -</td> <td>\$ -11,115</td> <td></td> <td><input type="checkbox"/> + <input checked="" type="checkbox"/> -</td> <td>\$ -8,800</td> <td></td> <td><input type="checkbox"/> + <input checked="" type="checkbox"/> -</td> <td>\$ -2,205</td> <td></td> </tr> <tr> <td>Adjusted Sale Price of Comparables</td> <td></td> <td></td> <td>\$ 85,885</td> <td></td> <td></td> <td>\$ 96,200</td> <td></td> <td></td> <td>\$ 102,795</td> <td></td> </tr> <tr> <td colspan="11">Summary of Sales Comparison Approach See attached addendum. Differences in gross living area (GLA) are adjusted based on a contributory unitary rate of \$15.00 per square foot. Based on the method of allocation, differences in site area are adjusted, based on \$100.00 per sm for the Subject and \$100.00, \$100.00, and \$120.00 per sm for Comparables 1, 2, and 3, respectively. A negative adjustment of 2% is applied in the "Condition" adjustment line grid of Comparable 3, to account for the fact that this comparable has updated ceramic tiles installed throughout in the entire property. The range of the adjusted sale prices of the comparables is from \$85,885.00 to \$102,795.00. The most probable indicated value for the subject property is estimated to be \$96,200.00, rounded to \$96,000.00. Most weight is given to Comparable 2; the statistical median of the adjusted sale prices of the comparables.</td> </tr> <tr> <td colspan="11">In order to make this appraisal "as is", the total estimated cost of the repairs that are observed to be needed is applied as a negative adjustment in the "Repairs Needed" adjustment line grid of Comparables 1, 2, and 3, respectively.</td> </tr> <tr> <td colspan="11"> <p> </p> </td> </tr> </tbody> </table>											FEATURE	SUBJECT	COMPARABLE SALE # 1			COMPARABLE SALE # 2			COMPARABLE SALE # 3			Address	A-15, Angel L. Ortiz (A) St., Paradis Dev	AM-9, 31-A St., Residencial Bairoa	Caguas, PR 00725		AC-1, Rodrigo Triana St., Residencial Bairoa	Caguas, PR 00725		A-22, Ricky Seda St., Valle Tolima Caguas, PR 00725			Proximity to Subject		1.00 miles NW			0.95 miles N			0.98 miles W			Sale Price	\$ 0		\$ 97,000		\$ 105,000		\$ 105,000			Sale Price/GLA	\$ /sq.ft.	\$ 48.07 /sq.ft.		\$ 54.21 /sq.ft.		\$ 87.50 /sq.ft.				Data Source(s)	Mrs. Rodriguez	Tasamax 119100; DOM Unk			Tasamax 120480; DOM 90			Tasamax 119548; DOM 90			Verification Source(s)	Field Inspection	Fellow Appraiser			Fellow Appraiser			Fellow Appraiser			VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION		+(-) \$ Adjust.	DESCRIPTION		+(-) \$ Adjust.	DESCRIPTION		+(-) \$ Adjust.	Sales or Financing Concessions	0	None			None			Seller Concession			Date of Sale/Time	N/A	06/17/2019			07/31/2019			\$5,000.00		-5,000	Rights Appraised	Fee Simple	Fee Simple			Fee Simple			Fee Simple			Location	Caguas Town	Average			Residencial Bairoa			Valle Tolima Dev			Site	200 sqm @ \$120	300 sqm @ \$100		-6,000	314 sqm @ \$100		-7,400	223 sqm @ \$120		-2,760	View	Residential/Avg.	Residential/Average			Residential/Avg.			Residential/Avg.			Design (Style)	2-Units/2-Stories	2-Units/2-Stories			4-Units/2-Story		0	2-Units/2-Story			Quality of Construction	Average	Average			Average			Average			Age	~60 Years	46 Years		0	45 Years		0	48 Years		0	Condition	Average	Average			Average			Average (-2%)		-2,100	Above Grade	Total Bdrms Baths	Total Bdrms Baths		Total Bdrms Baths	Total Bdrms Baths		Total Bdrms Baths				Room Count	10 4 2	10 6 4	-2,000	16 4 4.0	-2,000	10 4 2.0				0	Gross Living Area	2,001 sq.ft.	2,018 sq.ft.		+1,035	1,937 sq.ft.		+2,250	1,200 sq.ft.		+13,305	Basement & Finished Rooms Below Grade	Osf	Osf			Osf			Osf			Functional Utility	Average	Average			Average			Average			Heating/Cooling	None	None			None			None			Energy Efficient Items	None	None			None			None			Garage/Carport	None	2-Car Ext. Carport		-5,000	1-Car Carpot		-2,500	2-Car Carport		-5,000	Porch/Patio/Deck	(2) Porch	Porch,Balcony		-1,000	None		+2,000	Porch		+1,000	Extras	Fnc,Pa	Fnc,Pa			Fnc,Pa			Fnc,Pa			Extras	Ldy	OTer,Ldy		-500	Clo		+1,500	Sto,Ba,(2)Ldy		-3,500	Extras	None	None			(2)OTer,(3)Ldy		-5,000	ATer,OpenArea		-500	Extras	Unfinished Structure	None		+3,000	None		+3,000	None		+3,000	Repairs Needed	Repairs Needed	None		-650	None		-650			-650	Net Adjustment (Total)		<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ -11,115		<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ -8,800		<input type="checkbox"/> + <input checked="" type="checkbox"/> -	\$ -2,205		Adjusted Sale Price of Comparables			\$ 85,885			\$ 96,200			\$ 102,795		Summary of Sales Comparison Approach See attached addendum. Differences in gross living area (GLA) are adjusted based on a contributory unitary rate of \$15.00 per square foot. Based on the method of allocation, differences in site area are adjusted, based on \$100.00 per sm for the Subject and \$100.00, \$100.00, and \$120.00 per sm for Comparables 1, 2, and 3, respectively. A negative adjustment of 2% is applied in the "Condition" adjustment line grid of Comparable 3, to account for the fact that this comparable has updated ceramic tiles installed throughout in the entire property. The range of the adjusted sale prices of the comparables is from \$85,885.00 to \$102,795.00. The most probable indicated value for the subject property is estimated to be \$96,200.00, rounded to \$96,000.00. Most weight is given to Comparable 2; the statistical median of the adjusted sale prices of the comparables.											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FEATURE	SUBJECT	COMPARABLE SALE # 1			COMPARABLE SALE # 2			COMPARABLE SALE # 3																																																																																																																																																																																																																																																																																																																																																																																																																							
Address	A-15, Angel L. Ortiz (A) St., Paradis Dev	AM-9, 31-A St., Residencial Bairoa	Caguas, PR 00725		AC-1, Rodrigo Triana St., Residencial Bairoa	Caguas, PR 00725		A-22, Ricky Seda St., Valle Tolima Caguas, PR 00725																																																																																																																																																																																																																																																																																																																																																																																																																							
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# RESTRICTED APPRAISAL REPORT

Private

File No.: 22005007

TRANSFER HISTORY	My research <input type="checkbox"/> did <input checked="" type="checkbox"/> did not reveal any prior sales or transfers of the subject property for the three years prior to the effective date of this appraisal.					
	Data Source(s): Owner interview					
	1st Prior Subject Sale/Transfer		Analysis of sale/transfer history and/or any current agreement of sale/listing: No prior sales or transfers were identified for the Subject, within three years from the effective date of the appraisal. No prior sales or transfers were identified for the comparables, within one year from the dates of sale shown in the sales comparison adjustment grid.			
	Date: N/A					
	Price: N/A					
	Source(s): Owner					
MARKET	2nd Prior Subject Sale/Transfer					
	Date: N/A					
	Price: N/A					
	Source(s): Owner					
	Subject Market Area and Marketability:		The subject property's market area is considered to have an average appeal to the market. The marketability of those properties located in the subject property's development is good, given that this neighborhood is located near PR-52 and PR-33, which provide good access to schools, shopping malls, service establishments, etc.			
SITE	Site Area: 200 sqm @ \$120		Site View: Residential/Avg.	Topography: Level	Drainage: Average	
	Zoning Classification: R-C (CUT-12)		Description: "Residencial Comercial"			
			Zoning Compliance: <input checked="" type="checkbox"/> Legal	<input type="checkbox"/> Legal nonconforming (grandfathered)	<input type="checkbox"/> Illegal	<input type="checkbox"/> No zoning
	Highest & Best Use: <input checked="" type="checkbox"/> Present use, or <input type="checkbox"/> Other use (explain) _____		Use as appraised in this report: Residential			
	Actual Use as of Effective Date: Residential					
	Opinion of Highest & Best Use: Residential					
IMPROVEMENTS	FEMA Spec'l Flood Hazard Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No FEMA Flood Zone X		FEMA Map # 72000C1210J		FEMA Map Date 11/18/2009	
	Site Comments: No visible or apparent adverse encroachment was noted during the subject's property inspection. The site measure was obtained by a legal description provided by the client. The site area is a 189 sm.					
RECONCILIATION	Indicated Value by: Sales Comparison Approach \$ 96,000					
	Indicated Value by: Cost Approach (if developed) \$		Indicated Value by: Income Approach (if developed) \$			
	Final Reconciliation Market actions of buyers and sellers are best analyzed following the Sales Comparison Approach. Therefore, this approach offers the most reliable estimate of the market value. That approach is given greatest weight in the reconciliation. The Cost Approach provides confirmation of value only. The income approach was considered inapplicable.					
ATTACHMENTS	This appraisal is made <input checked="" type="checkbox"/> "as is", <input type="checkbox"/> subject to completion per plans and specifications on the basis of a Hypothetical Condition that the improvements have been completed, <input type="checkbox"/> subject to the following repairs or alterations on the basis of a Hypothetical Condition that the repairs or alterations have been completed, <input type="checkbox"/> subject to the following required inspection based on the Extraordinary Assumption that the condition or deficiency does not require alteration or repair: The appraisal is made "as is". Dimensions of the site were taken from the copy of the property deed provided by the client. There are not other conditions noted, than those listed in the attached Limiting Condition..					
	<input type="checkbox"/> This report is also subject to other Hypothetical Conditions and/or Extraordinary Assumptions as specified in the attached addenda.					
	Based on the degree of inspection of the subject property, as indicated below, defined Scope of Work, Statement of Assumptions and Limiting Conditions, and Appraiser's Certifications, my (our) Opinion of the Market Value (or other specified value type), as defined herein, of the real property that is the subject of this report is: \$ 96,000, as of: 05/30/2020, which is the effective date of this appraisal. If indicated above, this Opinion of Value is subject to Hypothetical Conditions and/or Extraordinary Assumptions included in this report. See attached addenda.					
	A true and complete copy of this report contains 23 pages, including exhibits which are considered an integral part of the report. This appraisal report may not be properly understood without reference to the information contained in the complete report.					
	Attached Exhibits:					
	<input checked="" type="checkbox"/> Scope of Work		<input checked="" type="checkbox"/> Limiting Cond./Certifications	<input type="checkbox"/> Narrative Addendum	<input checked="" type="checkbox"/> Photograph Addenda	<input checked="" type="checkbox"/> Sketch Addendum
<input checked="" type="checkbox"/> Map Addenda		<input type="checkbox"/> Additional Sales	<input type="checkbox"/> Cost Addendum	<input type="checkbox"/> Flood Addendum	<input type="checkbox"/> Manuf. House Addendum	
<input type="checkbox"/> Hypothetical Conditions		<input type="checkbox"/> Extraordinary Assumptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIGNATURES	Client Contact: Michael Mimoso		Client Name: Michael Mimoso			
	E-Mail: mikemimoso54@gmail.com		Address:			
	APPRaiser		SUPERVISORY APPRAISER (if required) or CO-APPRAISER (if applicable)			
			 Supervisory or Co-Appraiser Name: Migdol Rodriguez-Rivera			
	Appraiser Name: Nadia C Rodriguez Gonzalez					
	Company: Appraisal Advisors Group					
Phone: (787) 746-3219		Fax: (787) 746-1556				
E-Mail: aagroup01@gmail.com						
Date of Report (Signature): 06/15/2020						
License or Certification #: 216RC		State: PR				
Designation:						
Expiration Date of License or Certification: 08/28/2022		State: PR				
Inspection of Subject: <input checked="" type="checkbox"/> Interior & Exterior		<input type="checkbox"/> Exterior Only	<input type="checkbox"/> None	<input checked="" type="checkbox"/> None		
Date of Inspection: 05/30/2020		Date of Inspection:				

## **Supplemental Addendum**

File No. 22005007

Client	Michael Mimoso					
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev					
City	Caguas	County	(025)Caguas	State	PR	Zip Code
Owner	Sucesión Carmen I. Ortiz de Mimoso					00725

### **Beginning Addendum**

#### **• GP Restricted Use : Neighborhood - Boundaries**

Boundaries of the neighborhood are: to the North by: PR-189, to the South by: PR-34, to the East by: PR-183 and to the West by PR-52. The subject property is located in an urban area of the municipality of Caguas.

#### **• GP Restricted Use : Neighborhood - Description**

The subject property is part of the Paradis Development. This area is mostly bordered by other residential developments. No vacant land is available. It has reasonable access to major shopping centers, schools, entertainment centers, and employment centers. Fire and police protection is offered by the central government.

This is a 75 year-old neighborhood. Nevertheless, most properties in this vicinity are observed to have had adequate deferred maintenance. Yards and landscapes are in average condition. The size of the streets is the standard size for this type of neighborhood, which permits on-street parking and a good flow of traffic. Sidewalks, curbs, and grass strips are average. The municipal government of Caguas is in charge of the maintenance of these streets. Street lighting is adequate.

### **Ending Addendum**

#### **Clarifying Statement in the Scope of Work**

The Intended User of this appraisal report is the client and all of those authorized by the client. The intended use is to evaluate the property that is the subject of this appraisal for assisting the client in establishing a sale price, subject to the stated Scope of Work, purpose of the appraisal, reporting requirements of this appraisal report form, and Definition of Market Value. No additional Intended Users are identified by the appraiser.

**Current Owner:** The appraiser has relied on the information provided by the clients in order to identify the owner of public record.

#### **Cause of Action:**

Any cause of action resulting between the appraiser and the client, in relation to this appraisal, either directly or indirectly, will be limited in damages to the amount of the appraisal fee received for the assignment. Furthermore, it is agreed that you will indemnify Eng. Migdoel Rodríguez d.b.a. Appraisal Advisors Group for any damages, costs, expenses, and attorney's fees resulting from any cause of action by any interested party, other than the client, concerning the appraisal or appraisal report.

**Definition of Complete Visual Inspection:** In this appraisal the term "Complete Visual Inspection" means that the appraiser inspected those conditions that may have an effect in the market value. This include repairs that can be identified with a visual inspection. Nevertheless, it should be clear that the appraiser is not a "home inspector". The lender, client, and all interested parties are invited to employ the services of a "home inspector" in order to assure that conditions that are not easily observed in a visual inspection are properly identified and reported.

**Physical deficiencies that could affect the livability, soundness, or structural integrity of the property:** In this appraisal this phrase means that the appraiser visually inspected the property and looked for items such as the functional obsolescence, safety issues, external obsolescence, and health issues that may affect the livability of the property, therefore affect the market value of the property, and that can be easily observed in a visual inspection. It also means that the appraiser inspected the property and looked for items such as cracks, humidity, paint defects, infestation with insects that may affect the wood components, plastering defects, loose or missing tiles and settlement that may affect the soundness or structural integrity of the property, therefore affect the market value of the property, and that can be easily observed in a visual inspection. The client is invited to employ the services of a "home inspector" or of a "structural civil engineer" in order to assure that conditions that are not easily observed in a visual inspection are properly identified and reported.

#### **Appraisal Institute Certification:**

The reported analyses, opinions and conclusions were developed, and this report has been prepared, in conformity with the requirements of the Appraisal Institute's Code of Professional Ethics and Standards of Professional Appraisal Practice, which include the Uniform Standards of Professional Appraisal Practice.

The use of this report is subject to the requirements of the Appraisal Institute relating to review by its duly authorized representatives.

As of the date of this report, Migdoel Rodriguez, SRA, MAI, has completed the continuing education program of the Appraisal Institute.

#### **Comments on Guide Note 10 published by the Appraisal Institute:**

In recent years, the United States has experienced terrorist attacks, unusually destructive natural disasters and catastrophic man-made disasters. The aftermath of a disaster poses special challenges in real property valuation. During such periods, real property markets in affected areas often exhibit instability, even chaos. Analyzing market data in such markets can be difficult. Appraisers and clients regularly have sought guidance from the Appraisal Institute on how to handle these situations. In response, the Appraisal Institute offers Guide Note 10 on "Developing an Opinion of Market Value in the Aftermath of a Disaster" to assist appraisers and clients. The purpose of Guide Notes to the Appraisal Institute's Standards of Professional Appraisal Practice is to provide guidance as to how the requirements of the Standards may apply in specific situations.

Puerto Rico is currently suffering the effects of the COVID-19 global pandemic, which has led the government of Puerto Rico to implement a "lockdown", as of March 15, 2020. The implementation of this "lockdown" has resulted in the hindering of most economic activity in the island. In addition, as of the effective date of this appraisal report, unemployment has risen to a levels never seen before.

## **Supplemental Addendum**

File No. 22005007

Client	Michael Mimoso		
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev		
City	Caguas	County	(025)Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso	State	PR
		Zip Code	00725

According to Guide Note 10, "Forces that influence real property values include social trends, economic circumstances, governmental controls, and regulations and environmental conditions. Any or all of these might be impacted by a disaster. Factor that create value include utility, scarcity, desire and effective purchasing power. Again, any or all of these might become issues in the aftermath of a disaster."

Given that the effective date of this appraisal report is after March 15, 2020, which marks the date in which the national lockdown was implemented, no more sale transactions have been able to be settled. Therefore, there are no available comparable sales settled on or after this date.

According to Guide Note 10 "The principles of anticipation and change are especially relevant to valuation assignments in the aftermath of a disaster. There is generally a great deal of uncertainty in the market during this time period. Is the disaster likely to be repeated in the near future? Will further damage and destruction result? What is the extent of the damage? To what degree can structures be replaced? Are there environmental concerns, and if so, to what extent? And how long will it take before things return to "normal"? The impact of such uncertainty may be readily perceived but difficult to measure. Uncertainty in real estate markets means increased risk to property owners and investors. Such increased risk might be reflected in higher capitalization and discount rates. It might also be manifested in "discounted" prices – which to some degree might offset upward pressure on prices resulting from increased demand and decreased supply."

Under current circumstances, it is important to communicate the relative reliability of the value opinion. It is also appropriate to point out that the data upon which the appraisal is based is limited in quantity or quality and that this affects the reliability of the conclusions.

Please enter at [www.appraisalinstitute.org/assets/1/7/guide-note-10.pdf](http://www.appraisalinstitute.org/assets/1/7/guide-note-10.pdf) for the complete text of the Guide Note 10 published by the Appraisal Institute.

### **Comment on Guide Note 12 published by the Appraisal Institute:**

According to Guide Note 12 "There are two risks inherently associated with any appraisal that are of particular concern to the intended user. The first is the risk that the reliability of the value conclusion may be adversely impacted by a lack of quality data. The second is the risk that the value might not be sustainable over time. A well thought-out and clearly presented reconciliation process can assist the intended user with these risks. In the reconciliation process, the appraiser must consider the quality as well as the quantity of data, and how those factors might have impacted the quality of the value opinion. In a slower market with fewer transactions, there are fewer sales available for analysis in the sales comparison approach. Also, when there are fewer transactions, there is less market evidence available for selection of capitalization and discount rates. The reconciliation process may indicate that more research is needed or that new analyses must be performed. It may reveal conflicts or unresolved questions that need to be answered. When necessary, the appraisal report should include a discussion of evidence that the value conclusion may not be sustainable into the foreseeable future."

In order to mitigate, as much as possible, the risks discussed above, the appraiser interviewed several of the real estate brokers that are currently selling apartment units in the subject property's apartment complex. It is the opinion of these market participants that the sale prices of single-family dwellings in the subject property's neighborhood will not be significantly affected once the national lockdown measures are lifted because the sale prices of comparable properties are considered to be accessible, combined with low interest rates, will make conventional financing accessible for the purchase of these types of dwellings. Therefore, no additional adjustments are made to the comparables.

# Assumptions, Limiting Conditions & Scope of Work

Private

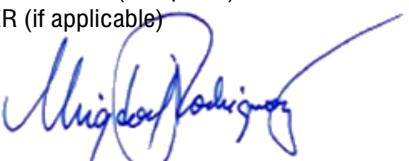
File No.: 22005007

Property Address: A-15, Angel L. Ortiz (A) St., Paradis Dev	City: Caguas	State: PR	Zip Code: 00725
Client: Michael Mimoso	Address:		
Appraiser: Nadia C Rodriguez Gonzalez	Address: 92 Urb. Lakeview Est, Caguas, PR 00725-3320		
<b>STATEMENT OF ASSUMPTIONS &amp; LIMITING CONDITIONS</b>			
<ul style="list-style-type: none"><li>- The appraiser will not be responsible for matters of a legal nature that affect either the property being appraised or the title to it. The appraiser assumes that the title is good and marketable and, therefore, will not render any opinions about the title. The property is appraised on the basis of it being under responsible ownership.</li><li>- The appraiser may have provided a sketch in the appraisal report to show approximate dimensions of the improvements, and any such sketch is included only to assist the reader of the report in visualizing the property and understanding the appraiser's determination of its size. Unless otherwise indicated, a Land Survey was not performed.</li><li>- If so indicated, the appraiser has examined the available flood maps that are provided by the Federal Emergency Management Agency (or other data sources) and has noted in the appraisal report whether the subject site is located in an identified Special Flood Hazard Area. Because the appraiser is not a surveyor, he or she makes no guarantees, express or implied, regarding this determination.</li><li>- The appraiser will not give testimony or appear in court because he or she made an appraisal of the property in question, unless specific arrangements to do so have been made beforehand.</li><li>- If the cost approach is included in this appraisal, the appraiser has estimated the value of the land in the cost approach at its highest and best use, and the improvements at their contributory value. These separate valuations of the land and improvements must not be used in conjunction with any other appraisal and are invalid if they are so used. Unless otherwise specifically indicated, the cost approach value is not an insurance value, and should not be used as such.</li><li>- The appraiser has noted in the appraisal report any adverse conditions (including, but not limited to, needed repairs, depreciation, the presence of hazardous wastes, toxic substances, etc.) observed during the inspection of the subject property, or that he or she became aware of during the normal research involved in performing the appraisal. Unless otherwise stated in the appraisal report, the appraiser has no knowledge of any hidden or unapparent conditions of the property, or adverse environmental conditions (including, but not limited to, the presence of hazardous wastes, toxic substances, etc.) that would make the property more or less valuable, and has assumed that there are no such conditions and makes no guarantees or warranties, express or implied, regarding the condition of the property. The appraiser will not be responsible for any such conditions that do exist or for any engineering or testing that might be required to discover whether such conditions exist. Because the appraiser is not an expert in the field of environmental hazards, the appraisal report must not be considered as an environmental assessment of the property.</li><li>- The appraiser obtained the information, estimates, and opinions that were expressed in the appraisal report from sources that he or she considers to be reliable and believes them to be true and correct. The appraiser does not assume responsibility for the accuracy of such items that were furnished by other parties.</li><li>- The appraiser will not disclose the contents of the appraisal report except as provided for in the Uniform Standards of Professional Appraisal Practice, and any applicable federal, state or local laws.</li><li>- If this appraisal is indicated as subject to satisfactory completion, repairs, or alterations, the appraiser has based his or her appraisal report and valuation conclusion on the assumption that completion of the improvements will be performed in a workmanlike manner.</li><li>- An appraiser's client is the party (or parties) who engage an appraiser in a specific assignment. Any other party acquiring this report from the client does not become a party to the appraiser-client relationship. Any persons receiving this appraisal report because of disclosure requirements applicable to the appraiser's client do not become intended users of this report unless specifically identified by the client at the time of the assignment.</li><li>- The appraiser's written consent and approval must be obtained before this appraisal report can be conveyed by anyone to the public, through advertising, public relations, news, sales, or by means of any other media, or by its inclusion in a private or public database.</li><li>- An appraisal of real property is not a 'home inspection' and should not be construed as such. As part of the valuation process, the appraiser performs a non-invasive visual inventory that is not intended to reveal defects or detrimental conditions that are not readily apparent. The presence of such conditions or defects could adversely affect the appraiser's opinion of value. Clients with concerns about such potential negative factors are encouraged to engage the appropriate type of expert to investigate.</li></ul>			
<p>The Scope of Work is the type and extent of research and analyses performed in an appraisal assignment that is required to produce credible assignment results, given the nature of the appraisal problem, the specific requirements of the intended user(s) and the intended use of the appraisal report. Reliance upon this report, regardless of how acquired, by any party or for any use, other than those specified in this report by the Appraiser, is prohibited. The Opinion of Value that is the conclusion of this report is credible only within the context of the Scope of Work, Effective Date, the Date of Report, the Intended User(s), the Intended Use, the stated Assumptions and Limiting Conditions, any Hypothetical Conditions and/or Extraordinary Assumptions, and the Type of Value, as defined herein. The appraiser, appraisal firm, and related parties assume no obligation, liability, or accountability, and will not be responsible for any unauthorized use of this report or its conclusions.</p>			
<p>Under USPAP Standards Rule 2-2(c), this is a Restricted Use Appraisal Report, and is intended only for the sole use of the named client. There are no other intended users. The client must clearly understand that the appraiser's opinions and conclusions may not be understood properly without additional information in the appraiser's work file.</p>			
<p>In developing this appraisal, the appraiser has incorporated only the Sales Comparison Approach. The appraiser has excluded the Cost and Income Approaches to Value, due to being inapplicable given the limited scope of the appraisal. The appraiser has determined that this appraisal process is not so limited that the results of the assignment are no longer credible, and the client agrees that the limited scope of analysis is appropriate given the intended use.</p>			
<p>Additional Comments (Scope of Work, Extraordinary Assumptions, Hypothetical Conditions, etc.):</p>			

# Certifications

Private

File No.: 22005007

Property Address: A-15, Angel L. Ortiz (A) St., Paradis Dev		City: Caguas	State: PR	Zip Code: 00725
Client: Michael Mimoso		Address:		
Appraiser: Nadia C Rodriguez Gonzalez		Address: 92 Urb. Lakeview Est, Caguas, PR 00725-3320		
<b>APPRAISER'S CERTIFICATION</b>				
I certify that, to the best of my knowledge and belief:				
<ul style="list-style-type: none"> <li>- The statements of fact contained in this report are true and correct.</li> <li>- The credibility of this report, for the stated use by the stated user(s), of the reported analyses, opinions, and conclusions are limited only by the reported assumptions and limiting conditions, and are my personal, impartial, and unbiased professional analyses, opinions, and conclusions.</li> <li>- I have no present or prospective interest in the property that is the subject of this report and no personal interest with respect to the parties involved.</li> <li>- Unless otherwise indicated, I have performed no services, as an appraiser or in any other capacity, regarding the property that is the subject of this report within the three-year period immediately preceding acceptance of this assignment.</li> <li>- I have no bias with respect to the property that is the subject of this report or to the parties involved with this assignment.</li> <li>- My engagement in this assignment was not contingent upon developing or reporting predetermined results.</li> <li>- My compensation for completing this assignment is not contingent upon the development or reporting of a predetermined value or direction in value that favors the cause of the client, the amount of the value opinion, the attainment of a stipulated result, or the occurrence of a subsequent event directly related to the intended use of this appraisal.</li> <li>- My analyses, opinions, and conclusions were developed, and this report has been prepared, in conformity with the Uniform Standards of Professional Appraisal Practice that were in effect at the time this report was prepared.</li> <li>- I did not base, either partially or completely, my analysis and/or the opinion of value in the appraisal report on the race, color, religion, sex, handicap, familial status, or national origin of either the prospective owners or occupants of the subject property, or of the present owners or occupants of the properties in the vicinity of the subject property.</li> <li>- Unless otherwise indicated, I have made a personal inspection of the property that is the subject of this report.</li> <li>- Unless otherwise indicated, no one provided significant real property appraisal assistance to the person(s) signing this certification.</li> </ul>				
Additional Certifications:				
<p><b>DEFINITION OF MARKET VALUE *:</b>            Market value means the most probable price which a property should bring in a competitive and open market under all conditions requisite to a fair sale, the buyer and seller each acting prudently and knowledgeably, and assuming the price is not affected by undue stimulus. Implicit in this definition is the consummation of a sale as of a specified date and the passing of title from seller to buyer under conditions whereby:</p> <ol style="list-style-type: none"> <li>1. Buyer and seller are typically motivated;</li> <li>2. Both parties are well informed or well advised and acting in what they consider their own best interests;</li> <li>3. A reasonable time is allowed for exposure in the open market;</li> <li>4. Payment is made in terms of cash in U.S. dollars or in terms of financial arrangements comparable thereto; and</li> <li>5. The price represents the normal consideration for the property sold unaffected by special or creative financing or sales concessions granted by anyone associated with the sale.</li> </ol> <p>* This definition is from regulations published by federal regulatory agencies pursuant to Title XI of the Financial Institutions Reform, Recovery, and Enforcement Act (FIRREA) of 1989 between July 5, 1990, and August 24, 1990, by the Federal Reserve System (FRS), National Credit Union Administration (NCUA), Federal Deposit Insurance Corporation (FDIC), the Office of Thrift Supervision (OTS), and the Office of Comptroller of the Currency (OCC). This definition is also referenced in regulations jointly published by the OCC, OTS, FRS, and FDIC on June 7, 1994, and in the Interagency Appraisal and Evaluation Guidelines, dated October 27, 1994.</p>				
Client Contact: Michael Mimoso E-Mail: mikemimoso54@gmail.com		Client Name: Michael Mimoso Address:		
APPRASIER		SUPERVISORY APPRAISER (if required) or CO-APPRAISER (if applicable)		
Appraiser Name: Nadia C Rodriguez Gonzalez Company: Appraisal Advisors Group Phone: (787) 746-3219      Fax: _____ E-Mail: aagroup01@gmail.com Date Report Signed: 06/15/2020 License or Certification #: 216RC      State: PR Designation: Expiration Date of License or Certification: 08/28/2022 Inspection of Subject: <input checked="" type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input type="checkbox"/> None Date of Inspection: 05/30/2020		  Supervisory or Co-Appraiser Name: Migdol Rodriguez-Rivera Company: Appraisal Advisors Group Phone: (787) 746-3219      Fax: (787) 746-1556 E-Mail: aagroup01@gmail.com Date Report Signed: 06/15/2020 License or Certification #: PRGC201      State: PR Designation: Expiration Date of License or Certification: 10/04/2020 Inspection of Subject: <input type="checkbox"/> Interior & Exterior <input type="checkbox"/> Exterior Only <input checked="" type="checkbox"/> None Date of Inspection:		

GP RESTRICTED

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5/2010

## **REPAIR AND MAINTENANCE ADDENDUM**

Client	Michael Mimoso	REO#
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev	
City	Caguas	County (025)Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso	State PR Zip Code 00725

## **Interior Inspection**

**TOTAL AMOUNT OF RECOMMENDED REPAIRS \$** 650.00

## **Exterior Inspection**

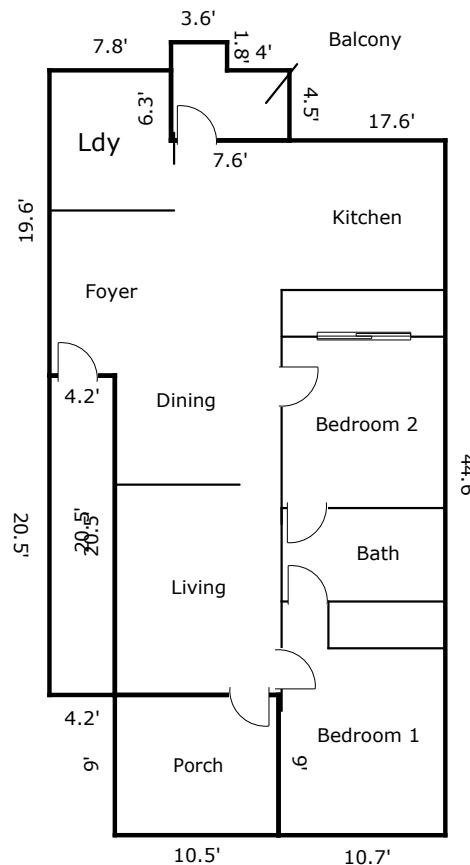
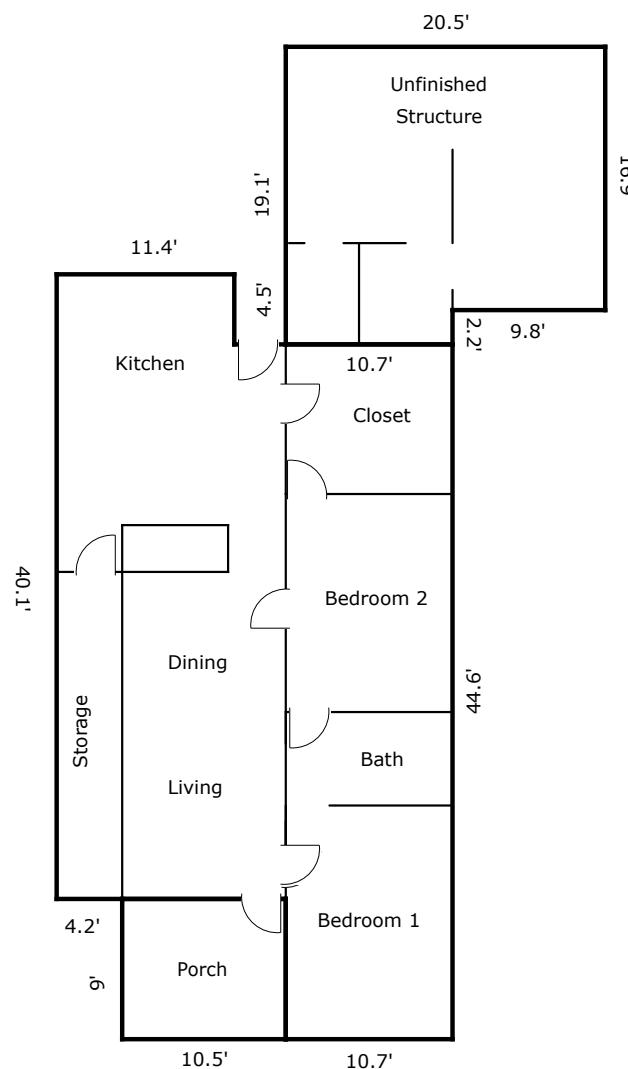
**ESTIMATED VALUE OF THE SUBJECT PROPERTY 'AS IS' \$** \_\_\_\_\_

**ESTIMATED VALUE OF THE SUBJECT PROPERTY 'AS REPAIRED' \$** \_\_\_\_\_

#### **Comments:**

## Building Sketch

Client	Michael Mimoso
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev
City	Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso



TOTAL Sketch by a la mode, inc.

### Area Calculations Summary

Living Area		Calculation Details	
Unit 1 - First Floor	1051.84 Sq ft	$10.7 \times 9 = 96.3$	
		$25.4 \times 35.6 = 904.24$	
		$4.5 \times 11.4 = 51.3$	
Unit 2 - Second Floor	949.54 Sq ft	$10.7 \times 9 = 96.3$	
		$21.2 \times 20.5 = 434.6$	
		$15.1 \times 17.6 = 265.76$	
		$7.8 \times 19.6 = 152.88$	
<b>Total Living Area (Rounded):</b>		<b>2001 Sq ft</b>	
<b>Non-living Area</b>			
Unit 2 - Porch	94.5 Sq ft	$9 \times 10.5 = 94.5$	
Unfinished Structure	369.99 Sq ft	$20.5 \times 16.9 = 346.45$	
		$10.7 \times 2.2 = 23.54$	
Unit 1 - Porch	94.5 Sq ft	$10.5 \times 9 = 94.5$	
Open/Covered Balcony	40.68 Sq ft	$4.5 \times 4 = 18$	
		$3.6 \times 6.3 = 22.68$	
Exterior Stairs	86.1 Sq ft	$4.2 \times 20.5 = 86.1$	

## Subject Photo Page

Client	Michael Mimoso		
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev		
City	Caguas	County	(025)Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso		



### Subject Front

A-15, Angel L. Ortiz (A) St., Paradis Dev  
Sales Price 0  
Gross Living Area 2,001  
Total Rooms 10  
Total Bedrooms 4  
Total Bathrooms 2  
Location Caguas Town  
View Residential/Avg.  
Site 200 sqm @ \$120  
Quality Average  
Age ~60 Years



### Subject Rear



### Subject Street

## Subject Photos

Client	Michael Mimoso		
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev		
City	Caguas	County	(025)Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso	State	PR
		Zip Code	00725



**Left Side View**



**Right Side View**



**Unit 1 - Living and Dining**



**Unit 1 - Living and Dining**



**Unit 1 - Kitchen**



**Unit 1 - Kitchen**

## Interior Photos

Client	Michael Mimoso
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev
City	Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso



**Unit 1 - Storage**



**Unit 1 - Bedroom 1**



**Unit 1 - Bathroom**



**Unit 1 - Bathroom**



**Unit 1 - Bathroom**



**Unit 1 - Bedroom 2**

## Interior Photos

Client	Michael Mimoso
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev
City	Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso



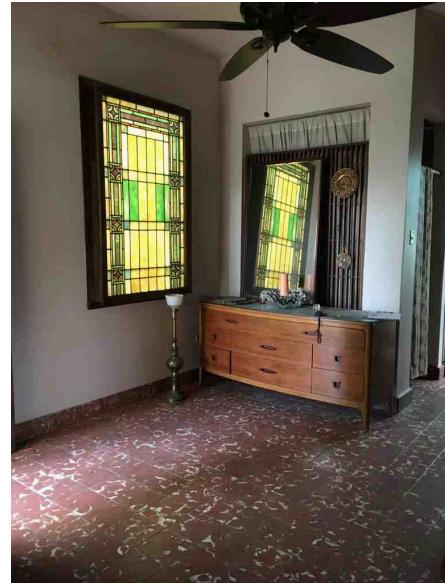
**Unit 1 - Termite Infestation observed**



**Closet**



**Unit 1 - Termite Infestation observed**



**Unit 2 - Foyer**



**Unit 2 - Dining**



**Unit 2 - Living**

## Interior Photos

Client	Michael Mimoso
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev
City	Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso



**Unit 2 - Living**



**Unit 2 - Bedroom 1**



**Kitchen**



**Kitchen**



**Unit 2 - Bedroom 1**



**Unit 2 - Bathroom**

## Interior Photos

Client	Michael Mimoso		
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev		
City	Caguas	County	(025)Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso	State	PR
		Zip Code	00725



**Unit 2 - Bathroom**



**Unit 2 - Bathroom**



**Unit 2 - Bathroom**



**Unit 2 - Bedroom 2**



**Exterior View - Unfinished RC Structure**



**Interior View - Unfinished RC Structure**

## Interior Photos

Client	Michael Mimoso		
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev		
City	Caguas	County	(025)Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso	State	PR
		Zip Code	00725



**Interior View - Unfinished RC Structure**



**Interior View - Unfinished RC Structure**



**Interior View - Unfinished RC Structure**

### Comparable Photos 1-3

Client	Michael Mimoso
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev
City	Caguas
Owner	Sucesión Carmen I. Ortiz de Mimoso



#### Comparable 1

AM-9, 31-A St., Residencial Bairoa  
 Prox. to Subject 1.00 miles NW  
 Sales Price 97,000  
 Borrower/Client 2,018  
 Lender 10  
 Total Bedrooms 6  
 Total Bathrooms 4  
 Location Average  
 View Residential/Average  
 Site 300 sqm @ \$100  
 Quality Average  
 Age 46 Years



#### Comparable 2

AC-1, Rodrigo Triana St., Residencial  
 Prox. to Subject 0.95 miles N  
 Sales Price 105,000  
 Gross Living Area 1,937  
 Total Rooms 16  
 Total Bedrooms 4  
 Total Bathrooms 4.0  
 Location Residencial Bairoa  
 View Residential/Avg.  
 Site 314 sqm @ \$100  
 Quality Average  
 Age 45 Years

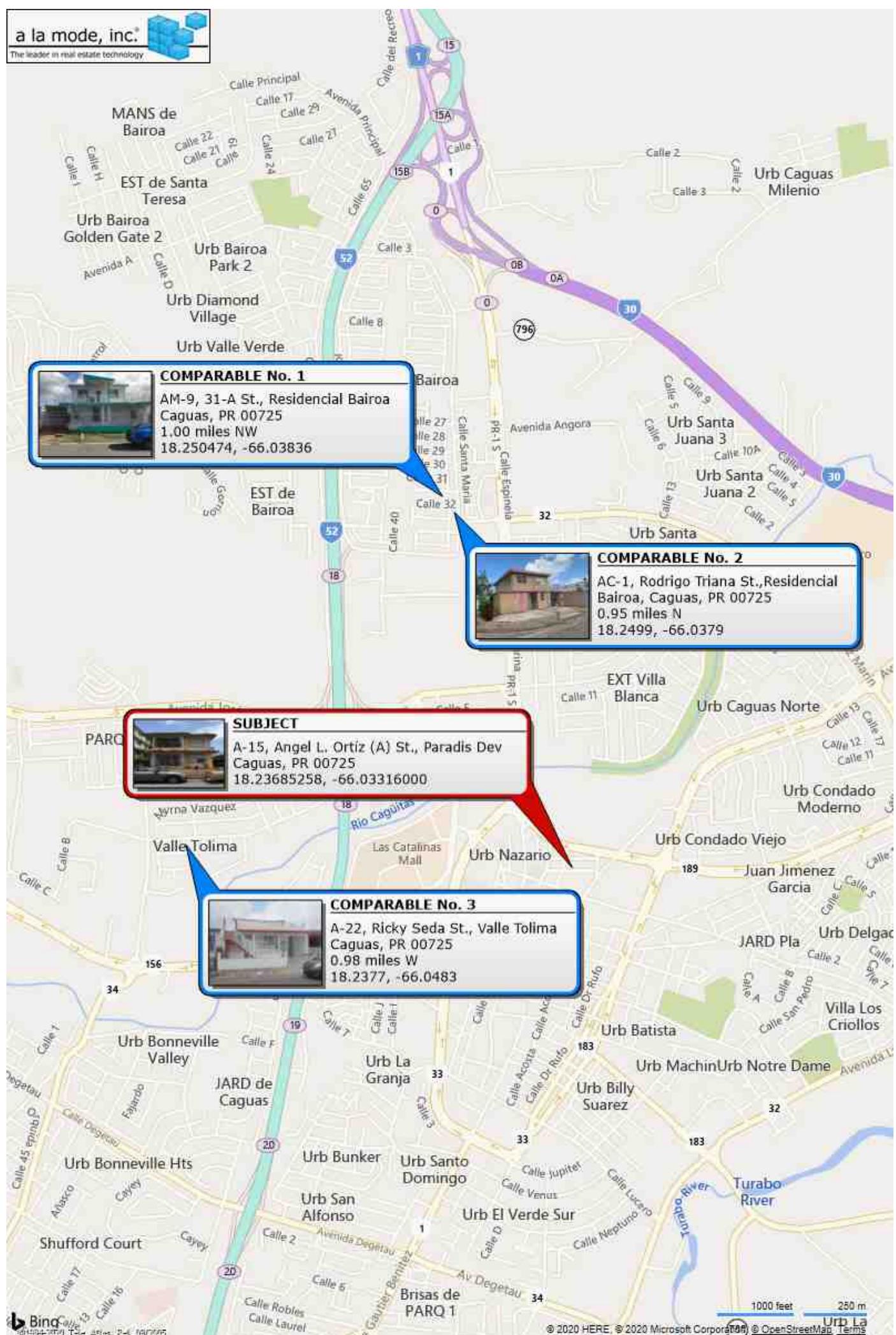


#### Comparable 3

A-22, Ricky Seda St., Valle Tolima  
 Prox. to Subject 0.98 miles W  
 Sales Price 105,000  
 Gross Living Area 1,200  
 Total Rooms 10  
 Total Bedrooms 4  
 Total Bathrooms 2.0  
 Location Valle Tolima Dev  
 View Residential/Avg.  
 Site 223 sqm @ \$120  
 Quality Average  
 Age 48 Years

## Location Map

Client	Michael Mimoso				
Property Address	A-15, Angel L. Ortiz (A) St., Paradis Dev				
City	Caguas	County	(025)Caguas	State	PR
Owner	Sucesión Carmen I. Ortiz de Mimoso	Zip Code	00725		



## Title Study - Page 1

### ESTUDIO DE TITULO

**CLIENTE:** LCDO. WILLIAM Y. MAISONET

FINCA NUMERO: 4,926 (antes 926), AL FOLIO 107 DEL TOMO 152 DE CAGUAS, PASA AL FOLIO 117 DEL TOMO 1324 DE CAGUAS

### REGISTRO DE LA PROPIEDAD SECCIÓN I DE CAGUAS

**DESCRIPCIÓN:** URBANA: Solar radicado en el Bo. Bairoa de Caguas, compuesto de 200.00 m.c., o sea, 10 metro de frente a la calle A por 20 de fondo. Y colinda por el NORTE y ESTE, con el resto de la finca donde se segregó; por el SUR, con la calle A; y por el OESTE, con Carmen Paradís. Se expresa a la inscripción 2<sup>a</sup> que enclava una casa terrera de concreto armado y techo de zinc, con instalaciones de agua, luz eléctrica y sanitarios.

Por la inscripción 3<sup>a</sup> al folio 109 del tomo 152 de Caguas, y a virtud de la escritura #3 sobre Edificación otorgada en Caguas, P.R., el 28 de marzo de 1985 ante Luis E. Laguna Mimoso, edificaron una segunda planta y remodelación de la primera planta a favor de los titulares antes mencionados, María Dolores Solá Disdier y Rafael Ramírez Isern, con dinero de la Sociedad de Gananciales estando casados y con dinero privativo de ella estando soltera, edifican una casa de dos plantas construida de cemento armado con techo de cemento que mide por su frente, que es su lado SUR, 20 pies 9 pulgadas en dos alineaciones de 10 pies 6 pulgadas y de 10 pies 3 pulgadas; por su lado de atrás, que es su lado NORTE, mide 24 pies en dos alineaciones de 9 pies 11 pulgadas una y la otra de 14 pies 1 pulgadas; su lado izquierdo que es su lado ESTE, mide 42 pies 4 pulgadas; y por su lado derecho que es su lado OESTE, mide 49 pies 1 pulgadas en tres alineaciones de 20 pies 1 pulgada, 18 pies 10 pulgadas y de 10 pies y 2 pulgadas, con una cabida de 1,027 pies cuadrados con 9 pulgadas cuadradas. Ambas plantas tienen una sala-comedor, cocina, cuarto sanitario, tres dormitorios y balcón. La escalera para subir a la planta alta es en cemento sin techo y está al lado Oeste. Tienen instalaciones de luz y agua, con un valor de \$40,000.00. El notario da fe de haber cerciorado de la edificación. Permiso de Construcción expedido por ARPE el 8 de abril de 1985, según surge de la inscripción 7<sup>a</sup>. Inscrita en el Registro el 22 de abril de 1985.

Por la inscripción 7<sup>a</sup> se expresa que por el OESTE, con el resto de la manzana #8 de Carmen Paradís.

**TRACTO:** Se segregó de la finca 3,741 inscrita al folio 236 del tomo 98 de Caguas a favor de Antonia B. Santana, mayor de edad, soltera y vecina de Caguas, P.R.

**DOMINIO:** Inscrita a favor de **José J. Mimoso Núñez y Carmen Ortiz Sánchez**, mayores de edad, casados entre sí y vecinos de Río Piedras, P.R., quien la adquirió por compra a Francisco Manuel Solá Disdier y su esposa Luz Marina Fuentes, mayores edad y vecinos de Caguas, P.R.; Miguel Huertas y su esposa Gladys Solá Disdier, mayores de edad y vecinos de Río Piedras, P.R.; Rafael Ramírez Isern y su esposa María Dolores Solá Disdier, mayores de edad y vecinos de Caguas, P.R.; y Olga Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R., por precio de \$60,000.00, según escritura #47 de Compraventa e Hipoteca otorgada en Caguas, P.R., el 29 de abril de 1985 ante el Notario Público Justino Ferrer Muñoz e inscrita al folio 107 del tomo 152 de Caguas, finca 4,926, inscripción 4<sup>a</sup>.

**GRAVÁMENES:** Por su procedencia está libre de cargas.

### POR SI:

(1) Hipoteca constituida por los titulares en garantía de un pagaré a favor del Portador del Pagaré, o a su orden, bajo affidavit #10,076, por la suma de \$50,000.00 de principal, intereses al "primer rate", vencedero a la presentación. Tasada en caso de subasta en \$150,000.00. Constituida mediante escritura #48 otorgada en Caguas, P.R. el 29 de abril de 1985 ante el Notario Público Justino Ferrer Muñoz e inscrita al folio 107 del tomo 152 de Caguas, finca 4,926, inscripción 4<sup>a</sup>. Inscrita el 6 de septiembre de 1985.

(2) Hipoteca constituida por los titulares con rango a segunda a favor de Francisco Manuel Solá Disdier y su esposa Luz Marina Fuentes, mayores edad y vecinos de Caguas, P.R.; Miguel Huertas y su esposa Gladys Solá Disdier, mayores de edad y vecinos de Río Piedras, P.R.; Rafael Ramírez Isern y su esposa María Dolores Solá Disdier, mayores de edad y vecinos de Caguas, P.R.; y Olga

## Title Study - Page 2

Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R.; por la suma de \$30,000.00 de principal, pagaderos a tres años a razón de \$10,000.00; el día 29 de abril de 1986 de \$10,000.00 el día 29 de abril de 1987 y de \$10,000.00 el día 29 de abril de 1988, intereses al 10%. Una suma de \$3,000.00 para costas, gastos y honorarios de abogado para en caso de reclamación judicial. Tasada en \$80,000.00. Quedará sujeto este contrato a las sanciones impuestas por el Art. 1649 del Código Civil. Según escritura #47 sobre Compraventa e Hipoteca postergada a segunda hipoteca otorgada en Caguas, P.R., el 29 de abril de 1985 ante Justino Ferrer. Inscrita al folio 107 del tomo 152 de Caguas, finca #4,926, inscripción 5<sup>a</sup>. Inscrita el 16 de febrero de 1985.

(3) Por la inscripción 7<sup>a</sup>, se expresa que la hipoteca por \$30,000.00 constituida por la inscripción 5<sup>a</sup>, a favor de Francisco Manuel Solá Disdier y su esposa Luz Marina Fuentes, mayores edad y vecinos de Caguas, P.R.; Miguel Huertas y su esposa Gladys Solá Disdier, mayores de edad y vecinos de Río Piedras, P.R.; Rafael Ramírez Isern y su esposa María Dolores Solá Disdier, mayores de edad y vecinos de Caguas, P.R.; y Olga Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R., cuya participación Solá-Fuentes, será objeto de esta inscripción. Dicha Luz Marina Fuentes, falleció en Río Piedras, P.R. el 21 de julio de 1985 estando casada con Francisco Manuel Solá Disdier y habiendo otorgado testamento. Derechos hereditarios sobre la participación que le corresponde a la causante antes nombrada en el referido crédito hipotecario, la cual no tiene descendiente de clase alguna, a favor de su señora madre, Francisca Fuentes Suárez, mayor de edad, soltera y vecina de Caguas, P.R., a que le corresponde la nuda propiedad y a favor de su hermana, Esther Alicia Fuentes Fuentes, mayor de edad, soltera, incapacitada y vecina de Caguas, y de su esposo, Francisco Manuel Solá Disdier, mayor de edad, viudo y vecino de Caguas, P.R., por partes iguales y en cuanto a la cuota viudal usufructuaria que determina la ley. Las demás condiciones del testamento están extensamente relacionados al folio 31 del tomo 316 de Caguas, inscripción 6<sup>a</sup>, finca 8,719. Según escritura #6 sobre Testamento Abierto, otorgada en San Juan, P.R., el 21 de agosto de 1979, a las 5:10 p.m., ante Rafael Santos Del Valle. Carta de Relevo H-86-1972 expedida por el Departamento de Hacienda el 19 de mayo de 1986, en la que se valora la participación de la causante en \$3,750.00. Instancia de fecha 26 de septiembre de 1985. Inscrita en el Registro el 24 de agosto de 1989.

(4) Por la inscripción 8<sup>a</sup> y última, al folio 145 del tomo 1324 de Caguas, se expresa lo siguiente: Cancelada parcialmente la hipoteca por la suma de \$30,000.00 que resulta de la inscripción 5<sup>a</sup>, en cuanto a la suma de \$28,125.00 recibidos por Olga Emma Solá Disdier, mayor de edad, soltera y vecina de Caguas, P.R.; Francisco Manuel Solá Disdier, mayor de edad, casado con Luz Marina Fuentes y vecino de Caguas, P.R.; Miguel Huertas Rivera, mayor de edad, casado con Gladys Solá Disdier y vecino de Guayanabo, P.R.; Gladys Solá Disdier, mayor de edad, casada con Miguel Huertas y vecina de Guayanabo, P.R.; Rafael Ramírez Isern, mayor de edad, casado con Mara Dolores Solá Disdier y María Dolores Solá Disdier, mayor de edad, casada con Rafael Ramírez Isern y vecina de Bayamón, P.R.; solicitan la Cancelación quedando vigente la hipoteca en cuanto a la suma de \$1,875.00, correspondiente a los herederos de Luz Marina Fuentes Fuentes. Según escritura #14 otorgada en Caguas, P.R., el 17 de diciembre de 1995 ante Gloria M. Mimoso Raspaldo. Inscrita en el Registro el 21 de diciembre de 1995.

**CRIM:** NADA

**SENTENCIAS:** NADA

**EMBARGO ELA:** NADA

**EMBARGO FEDERAL:** NADA

**LEY 12:** NADA

**BITÁCORA:** Esta sección tiene establecido un sistema digitalizado, Agora y Karibe. La suscriptor no se hace responsable por errores y/u omisiones que cometa el empleado del Registro de la Propiedad en la entrada y/o búsqueda de datos en el mismo. Se advierte además, que el sistema de Bitácora Integral colapsó, por lo que no podemos asegurar que existan otras transacciones pendientes en el Registro, aunque la propiedad objeto del misma ya consta inscrita en un sistema más moderno.

En Caguas, Puerto Rico, a 24 de abril de 2018.

  
MINERVA RIVERA  
INVESTIGADORA DE TÍTULOS  
TEL./FAX 787-744-4625

Catastro: 225-035-012-17-001

Parcela: 225-035-012-17

Procedencia: 225-035-012-17

Dueño: ORTIZ SANCHEZ CARMEN

Dirección física:

A-15 URB PARADIS, CAGUAS

Cabida escritura: 234.00 m<sup>2</sup>

Área de mapa: 247.11 m<sup>2</sup>

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## **VALORACION**

Terreno: 2,620.00

Estructura: 12,750.00

Maquinaria: 0.00

Valor Total: 15,370.00

Exención: 0.00

Exoneración: -5,945.00

Sujeto a contribución: 9,425.00

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## **REGISTRO**

Tomo: 152

Folio: 109

# Finca: 108

# Escritura: 47

Ventar: 60,000.00

Fecha de venta: 4/28/1985

Vendedor: SOLA RAMOS FRANCISCO

Comprador: ORTIZ SANCHEZ CARMEN

## Zoning Addendum



Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amelie Mimoso</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
512 W. Areba Avenue Hershey, PA 17033 Dauphin County Value per appraisal - see attached Line from <i>Schedule A/B</i> : 1.1	\$237,000.00	<input checked="" type="checkbox"/> \$105,170.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
2016 Mitsubishi Lancer 25,544 miles Line from <i>Schedule A/B</i> : 3.1	\$9,469.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 Pa.C.S. § 8123(a)
2011 Nissan Versa 98,000 miles Line from <i>Schedule A/B</i> : 3.2	\$6,727.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 Pa.C.S. § 8123(a)
Furniture, appliances, hand tools, books, guitar, lawn mower, sewing machine, luggage and nebulizer Line from <i>Schedule A/B</i> : 6.1	\$905.00	<input checked="" type="checkbox"/> \$905.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)
(2) TVs, computer, printer and tablet Line from <i>Schedule A/B</i> : 7.1	\$625.00	<input checked="" type="checkbox"/> \$625.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(b)(3)(B)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
<b>Men and women's clothing</b> Line from <i>Schedule A/B: 11.1</i>	<u>\$500.00</u>	<input checked="" type="checkbox"/> <b>\$500.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>
<b>Jewelry</b> Line from <i>Schedule A/B: 12.1</i>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>
<b>3 dogs</b> Line from <i>Schedule A/B: 13.1</i>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>
<b>Cash</b> Line from <i>Schedule A/B: 16.1</i>	<u>\$2.00</u>	<input checked="" type="checkbox"/> <b>\$2.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>
<b>checking: Members First Federal Credit Union (joint)</b> Line from <i>Schedule A/B: 17.1</i>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <b>\$100.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>
<b>savings: Members First Federal Credit Union (joint)</b> Line from <i>Schedule A/B: 17.2</i>	<u>\$5.00</u>	<input checked="" type="checkbox"/> <b>\$5.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>
<b>10/shares of Rite Aid Corporation Stock at \$15.47/share (joint)</b> Line from <i>Schedule A/B: 18.1</i>	<u>\$154.70</u>	<input checked="" type="checkbox"/> <b>\$154.70</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>
<b>Local tax refund: 2018</b> Line from <i>Schedule A/B: 28.1</i>	<u>\$126.00</u>	<input checked="" type="checkbox"/> <b>\$126.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 USC § 522(b)(3)(B)</b>

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amelie Mimoso</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

##### 2.1 Chase Mortgage

Creditor's Name

Chase Records  
Center/Attn: Corr  
Mail Code LA4 5555 700  
Kansas Ln  
Monroe, LA 71203

Number, Street, City, State & Zip Code

##### Describe the property that secures the claim:

512 W. Areba Avenue Hershey, PA  
17033 Dauphin County  
**Value per appraisal - see attached**

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$131,830.00	\$237,000.00	\$0.00

Who owes the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Opened  
11/05 Last  
Active

Date debt was incurred 1/30/20

Last 4 digits of account number 0072

Debtor 1	<b>Michael A. Mimoso</b>	Case number (if known)	<b>1:20-bk-01242</b>		
	First Name _____	Middle Name _____	Last Name _____		
Debtor 2	<b>Amelie Mimoso</b>		First Name _____	Middle Name _____	Last Name _____
2.2 <b>Credit Acceptance</b>		Describe the property that secures the claim:	\$6,345.00	\$6,727.00	\$0.00
		Creditor's Name _____	2011 Nissan Versa 98,000 miles		
25505 West 12 Mile Road Suite 3000 Southfield, MI 48034		Number, Street, City, State & Zip Code	As of the date you file, the claim is: Check all that apply.		
			<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed
			Nature of lien. Check all that apply.		
			<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)	<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)	<input type="checkbox"/> Judgment lien from a lawsuit
			<input type="checkbox"/> Other (including a right to offset) _____		
Date debt was incurred	Opened 4/22/19 Last Active 03/20	Last 4 digits of account number	5704		

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

**\$138,175.00**

**\$138,175.00**

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amelie Mimoso</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number	\$4,054.00	\$4,054.00
		When was the debt incurred?	2019	
		As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	Federal taxes		
2.2	<b>Keystone Collections Group</b> Priority Creditor's Name <b>546 Wendel Road</b> <b>Irwin, PA 15642</b> Number Street City State Zip Code	Last 4 digits of account number	\$706.00	\$433.00
		When was the debt incurred?	2019	\$273.00
		As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	Local taxes		

2.3	<b>Pennsylvania Department of Revenue</b> Priority Creditor's Name <b>Attn: Bankruptcy Division</b> <b>PO Box 280946</b> <b>Harrisburg, PA 17128</b> Number Street City State Zip Code	Last 4 digits of account number	\$1,361.00	\$1,361.00	\$0.00
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred? <b>2019</b>			
	<input type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input type="checkbox"/> Other. Specify <b>State taxes</b>			

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	<b>AmeriCredit/GM Financial</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 183853</b> <b>Arlington, TX 76096</b> Number Street City State Zip Code	Last 4 digits of account number	<b>3940</b>	Total claim	<b>\$3,491.00</b>
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred? <b>Opened 09/18 Last Active 12/19</b>			
	<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:			
	<input type="checkbox"/> Is the claim subject to offset?	<input type="checkbox"/> Student loans			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
		<input checked="" type="checkbox"/> Other. Specify <b>Automobile Deficiency (vehicle was totaled 11/19)</b>			

4.2	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>9704</b>	\$373.71
	<b>When was the debt incurred?</b> <b>Opened 11/15 Last Active 02/20</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated	<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card Purchases</b>	
4.3	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code	Last 4 digits of account number <b>2329</b>	\$734.21
	<b>When was the debt incurred?</b> <b>Opened 06/17 Last Active 03/20</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated	<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card Purchases</b>	
4.4	<b>Dish Network</b> Nonpriority Creditor's Name <b>c/o Convergent Outsourcing, Inc.</b> <b>PO Box 9004</b> <b>Renton, WA 98057</b> Number Street City State Zip Code	Last 4 digits of account number <b>7780</b>	\$98.78
	<b>When was the debt incurred?</b>		
	<b>As of the date you file, the claim is:</b> Check all that apply		
	<b>Who incurred the debt?</b> Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated	<input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Utility Services</b>	

Debtor 1 **Michael A. Mimoso**  
Debtor 2 **Amelie Mimoso**

Case number (if known)

1:20-bk-01242

4.5	<b>OneMain Financial</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 3251</b> <b>Evansville, IN 47731</b> Number Street City State Zip Code	Last 4 digits of account number <b>2148</b>	\$14,938.57
		When was the debt incurred? <b>Opened 10/19 Last Active 2/28/20</b>	
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify <b>Unsecured</b>	
4.6	<b>Patient First</b> Nonpriority Creditor's Name <b>PO Box 758941</b> <b>Baltimore, MD 21275</b> Number Street City State Zip Code	Last 4 digits of account number <b>1613</b>	\$195.74
		When was the debt incurred? <b>07/19</b>	
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify <b>Medical Services</b>	
4.7	<b>Penn Credit</b> Nonpriority Creditor's Name <b>2800 Commerce Drive</b> <b>Harrisburg, PA 17110</b> Number Street City State Zip Code	Last 4 digits of account number <b>9817</b>	\$108.53
		When was the debt incurred?	
	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans Is the claim subject to offset? <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> No <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Yes <input type="checkbox"/> Other. Specify	

4.8	<b>Penn State Health</b> Nonpriority Creditor's Name <b>PO Box 829725</b> <b>Philadelphia, PA 19182</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>9643</b>	\$19,955.08
		When was the debt incurred? <b>02/19</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>		
4.9	<b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8364</b>	\$75.00
		When was the debt incurred? <b>Opened 09/15</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>		
4.1	<b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>8366</b>	\$75.00
		When was the debt incurred? <b>Opened 09/15</b>	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Type of NONPRIORITY unsecured claim:</b>		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>		

4.1 1	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8365</b></p> <p>When was the debt incurred? <b>Opened 09/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$51.00</b>
4.1 2	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>5202</b></p> <p>When was the debt incurred? <b>Opened 08/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$75.00</b>
4.1 3	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0180</b></p> <p>When was the debt incurred? <b>Opened 08/15 Last Active 2/29/20</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$16.00</b>

4.1 4	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>8367</b></p>	<p><b>\$75.00</b></p>
		<p>When was the debt incurred?</p> <p><b>Opened 09/15</b></p>	
		<p>As of the date you file, the claim is: Check all that apply</p>	
		<p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
		<p><b>Type of NONPRIORITY unsecured claim:</b></p>	
		<p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	
		<p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	
4.1 5	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>8368</b></p>	<p><b>\$61.00</b></p>
		<p>When was the debt incurred?</p> <p><b>Opened 09/15</b></p>	
		<p>As of the date you file, the claim is: Check all that apply</p>	
		<p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
		<p><b>Type of NONPRIORITY unsecured claim:</b></p>	
		<p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	
		<p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	
4.1 6	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>6914</b></p>	<p><b>\$75.00</b></p>
		<p>When was the debt incurred?</p> <p><b>Opened 11/15</b></p>	
		<p>As of the date you file, the claim is: Check all that apply</p>	
		<p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	
		<p><b>Type of NONPRIORITY unsecured claim:</b></p>	
		<p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>	
		<p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	

<p>4.1 7</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6916</b></p> <p>When was the debt incurred? <b>Opened 11/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$75.00</b></p>
<p>4.1 8</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3218</b></p> <p>When was the debt incurred? <b>Opened 11/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$75.00</b></p>
<p>4.1 9</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6413</b></p> <p>When was the debt incurred? <b>Opened 12/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$66.00</b></p>

4.2 0	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3219</b></p> <p>When was the debt incurred? <b>Opened 11/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$75.00</b>
4.2 1	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8992</b></p> <p>When was the debt incurred? <b>Opened 07/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$61.00</b>
4.2 2	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3128</b></p> <p>When was the debt incurred? <b>Opened 09/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$62.00</b>

4.2 3	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3127</b></p> <p>When was the debt incurred? <b>Opened 09/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$62.00</b>
4.2 4	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>2396</b></p> <p>When was the debt incurred? <b>Opened 09/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$75.00</b>
4.2 5	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9751</b></p> <p>When was the debt incurred? <b>Opened 07/19</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<b>\$213.00</b>

<p>4.2 6</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3663</b></p> <p>When was the debt incurred? <b>Opened 03/18</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$74.00</b></p>
<p>4.2 7</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3665</b></p> <p>When was the debt incurred? <b>Opened 03/18</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$55.00</b></p>
<p>4.2 8</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1825</b></p> <p>When was the debt incurred? <b>Opened 05/17</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$55.00</b></p>

<p>4.2 9</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b> Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9827</b></p> <p>When was the debt incurred? <b>Opened 05/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$67.00</b></p>
<p>4.3 0</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b> Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4232</b></p> <p>When was the debt incurred? <b>Opened 03/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$174.00</b></p>
<p>4.3 1</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b> Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9009</b></p> <p>When was the debt incurred? <b>Opened 08/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$67.00</b></p>

4.3 2	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8127</b></p> <p>When was the debt incurred? <b>Opened 09/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>
4.3 3	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1935</b></p> <p>When was the debt incurred? <b>Opened 05/16</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>
4.3 4	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>8362</b></p> <p>When was the debt incurred? <b>Opened 09/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>

4.3 5	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>8363</b></p> <p>When was the debt incurred?</p> <p><b>Opened 09/15</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$58.00</b></p>
4.3 6	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>2393</b></p> <p>When was the debt incurred?</p> <p><b>Opened 09/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$312.00</b></p>
4.3 7	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>2394</b></p> <p>When was the debt incurred?</p> <p><b>Opened 09/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$58.00</b></p>

4.3 8	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>1110</b></p> <p>When was the debt incurred?</p> <p><b>Opened 12/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$51.00</b></p>
4.3 9	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>1005</b></p> <p>When was the debt incurred?</p> <p><b>Opened 07/18</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$71.00</b></p>
4.4 0	<p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p><b>3748</b></p> <p>When was the debt incurred?</p> <p><b>Opened 07/18</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$71.00</b></p>

<p>4.4 1</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>4881</b></p> <p>When was the debt incurred? <b>Opened 03/19</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$84.00</b></p>
<p>4.4 2</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>6682</b></p> <p>When was the debt incurred? <b>Opened 06/19</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$287.00</b></p>
<p>4.4 3</p> <p><b>Penn State Hershey Medical Center</b> Nonpriority Creditor's Name <b>c/o Bureau of Account Management</b> <b>PO Box 8875</b> <b>Camp Hill, PA 17001</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>1267</b></p> <p>When was the debt incurred? <b>Opened 11/15</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$75.00</b></p>

<p>4.4 4</p> <p><b>Synchrony Bank/ JC Penneys</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 965064</b> <b>Orkando, FL 32896</b> Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>9666</b></p> <p>When was the debt incurred? <b>Opened 04/16 Last Active 01/20</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card Purchases</b></p>	<p><b>\$528.81</b></p>
<p>4.4 5</p> <p><b>TFC Tuition Financing</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>2010 Crow Place, Suite 300</b> <b>San Ramon, CA 94583</b> Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0016</b></p> <p>When was the debt incurred? <b>Opened 08/12 Last Active 06/16</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Government Unsecured Guarantee Loan</b></p>	<p><b>\$6,856.00</b></p>
<p>4.4 6</p> <p><b>Tristan Radiology Specialists</b> Nonpriority Creditor's Name <b>c/o National Recovery Agency</b> <b>PO Box 67015</b> <b>Harrisburg, PA 17106</b> Number Street City State Zip Code Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>0598</b></p> <p>When was the debt incurred? <b>Opened 09/17</b></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p><b>\$74.00</b></p>

4.4 7	<b>UPMC Pinnacle</b> Nonpriority Creditor's Name <b>PO Box 826813</b> <b>Philadelphia, PA 19182</b> Number Street City State Zip Code	Last 4 digits of account number <b>0253</b>	\$ <b>573.50</b>
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>			

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>	
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <b>0.00</b>	
	6b. Taxes and certain other debts you owe the government	6b. \$ <b>6,121.00</b>	
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <b>0.00</b>	
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ <b>0.00</b>	
6e. Total Priority. Add lines 6a through 6d.	6e. \$ <b>6,121.00</b>		
Total claims from Part 2	6f. Student loans	6f. \$ <b>0.00</b>	
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <b>0.00</b>	
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <b>0.00</b>	
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ <b>51,105.93</b>	
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$ <b>51,105.93</b>	

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amelie Mimoso</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1	Name		
	Number	Street	
	City	State	ZIP Code
2.2	Name		
	Number	Street	
	City	State	ZIP Code
2.3	Name		
	Number	Street	
	City	State	ZIP Code
2.4	Name		
	Number	Street	
	City	State	ZIP Code
2.5	Name		
	Number	Street	
	City	State	ZIP Code

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Amelie Mimoso</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3.2

Name \_\_\_\_\_

- Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G, line \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Michael A. Mimoso</u>
Debtor 2 (Spouse, if filing)	<u>Amelie Mimoso</u>
United States Bankruptcy Court for the:	<u>MIDDLE DISTRICT OF PENNSYLVANIA</u>
Case number (If known)	<u>1:20-bk-01242</u>

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- Employed  
 Not employed

Debtor 2 or non-filing spouse

- Employed  
 Not employed

Occupation

Accountant

Employer's name

Breon & Associates, P.C.

Employer's address

3461 Market Street  
Camp Hill, PA 17011

How long employed there?

7 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>8,374.99</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>8,374.99</u>	\$ <u>0.00</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <u>8,374.99</u>	\$ <u>0.00</u>

- Copy line 4 here** ..... 4.
5. **List all payroll deductions:**
- |  |                        |                  |
|--|------------------------|------------------|
| 5a. <b>Tax, Medicare, and Social Security deductions</b> | 5a. \$ <u>1,547.83</u> | \$ <u>0.00</u>   |
| 5b. <b>Mandatory contributions for retirement plans</b>  | 5b. \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 5c. <b>Voluntary contributions for retirement plans</b>  | 5c. \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 5d. <b>Required repayments of retirement fund loans</b>  | 5d. \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 5e. <b>Insurance</b>                                     | 5e. \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 5f. <b>Domestic support obligations</b>                  | 5f. \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 5g. <b>Union dues</b>                                    | 5g. \$ <u>0.00</u>     | \$ <u>0.00</u>   |
| 5h. <b>Other deductions.</b> Specify: _____              | 5h.+ \$ <u>0.00</u>    | + \$ <u>0.00</u> |
6. **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,547.83 \$ 0.00
7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4. 7. \$ 6,827.16 \$ 0.00
8. **List all other income regularly received:**
- |   |                     |                  |
|---|---------------------|------------------|
| 8a. <b>Net income from rental property and from operating a business, profession, or farm</b><br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ <u>0.00</u>  | \$ <u>0.00</u>   |
| 8b. <b>Interest and dividends</b>   | 8b. \$ <u>0.00</u>  | \$ <u>0.00</u>   |
| 8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b><br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ <u>0.00</u>  | \$ <u>0.00</u>   |
| 8d. <b>Unemployment compensation</b>  | 8d. \$ <u>0.00</u>  | \$ <u>0.00</u>   |
| 8e. <b>Social Security</b>  | 8e. \$ <u>0.00</u>  | \$ <u>0.00</u>   |
| 8f. <b>Other government assistance that you regularly receive</b><br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____ | 8f. \$ <u>0.00</u>  | \$ <u>0.00</u>   |
| 8g. <b>Pension or retirement income</b>   | 8g. \$ <u>0.00</u>  | \$ <u>0.00</u>   |
| 8h. <b>Other monthly income.</b> Specify: _____   | 8h.+ \$ <u>0.00</u> | + \$ <u>0.00</u> |
9. **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00
10. **Calculate monthly income.** Add line 7 + line 9.  
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 10. \$ 6,827.16 + \$ 0.00 = \$ 6,827.16
11. **State all other regular contributions to the expenses that you list in Schedule J.**  
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  
Specify: \_\_\_\_\_ 11. +\$ 0.00
12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.  
Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies 12. \$ 6,827.16
13. **Do you expect an increase or decrease within the year after you file this form?**
- No.
- Yes. Explain: Debtors did not receive a tax refund in 2019.

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>
Debtor 2	<b>Amelie Mimoso</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>MIDDLE DISTRICT OF PENNSYLVANIA</b>
Case number	<b>1:20-bk-01242</b>
(If known)	

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

**MM / DD / YYYY**

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

**Daughter**

**17**

- No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

**Daughter**

**19**

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **1,449.76**

#### Your expenses

##### If not included in line 4:

- 4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues

4a. \$ **0.00**  
4b. \$ **0.00**  
4c. \$ **0.00**  
4d. \$ **0.00**  
5. Additional mortgage payments for your residence, such as home equity loans

5. \$ **0.00**

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <b>410.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>152.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>0.00</b>
6d. Other. Specify: <b>Cell phones</b>	6d. \$ <b>306.00</b>
<b>Internet</b>	\$ <b>105.00</b>
<b>HULU</b>	\$ <b>6.35</b>
<b>Disney Plus</b>	\$ <b>7.41</b>
<b>Apple.com</b>	\$ <b>2.99</b>
<b>Hallmark online</b>	\$ <b>5.99</b>
<b>Amazon Prime</b>	\$ <b>10.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>1,200.00</b>
8. <b>Childcare and children's education costs</b>	8. \$ <b>0.00</b>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>60.00</b>
10. <b>Personal care products and services</b>	10. \$ <b>0.00</b>
11. <b>Medical and dental expenses</b>	11. \$ <b>450.00</b>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>600.00</b>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>200.00</b>
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>0.00</b>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <b>0.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>329.00</b>
15d. Other insurance. Specify: <b>AAA - roadside assistance</b>	15d. \$ <b>16.67</b>
<b>Cell phone insurance</b>	\$ <b>30.00</b>
<b>Health insurance - estimated</b>	\$ <b>399.00</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$ <b>0.00</b>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <b>176.00</b>
17b. Car payments for Vehicle 2	17b. \$ <b>0.00</b>
17c. Other. Specify: <b>AAA</b>	17c. \$ <b>50.00</b>
17d. Other. Specify:	17d. \$ <b>0.00</b>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <b>0.00</b>
19. <b>Other payments you make to support others who do not live with you.</b> Specify:	19. \$ <b>0.00</b>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>
21. <b>Other:</b> Specify: <b>Pet care</b>	21. +\$ <b>100.00</b>
22. <b>Calculate your monthly expenses</b>	
22a. Add lines 4 through 21.	\$ <b>6,066.17</b>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <b>6,066.17</b>
22c. Add line 22a and 22b. The result is your monthly expenses.	
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <b>6,827.16</b>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <b>6,066.17</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <b>760.99</b>

Debtor 1 **Michael A. Mimoso**  
Debtor 2 **Amelie Mimoso**

Case number (if known)

**1:20-bk-01242**

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

**Fill in this information to identify your case:**

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amelie Mimoso</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	<u>1:20-bk-01242</u>		

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Michael A. Mimoso

**Michael A. Mimoso**  
Signature of Debtor 1

Date June 26, 2020

X /s/ Amelie Mimoso

**Amelie Mimoso**  
Signature of Debtor 2

Date June 26, 2020

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Amelie Mimoso</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	MIDDLE DISTRICT OF PENNSYLVANIA		
Case number (if known)	1:20-bk-01242		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1  
lived there

Debtor 2 Prior Address:

Dates Debtor 2  
lived there

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No  
 Yes. Fill in the details.

	Debtor 1	Debtor 2		
From January 1 of current year until the date you filed for bankruptcy:	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$23,076.90	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$0.00

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2019 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$47,179.00</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$3,401.00</b>
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$128,994.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No  
 Yes. Fill in the details.

	<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year:</b> <b>(January 1 to December 31, 2019 )</b>	IRA, Pension or Annuity Distribution	<b>\$27,306.00</b>		
<b>For the calendar year before that:</b> <b>(January 1 to December 31, 2018 )</b>	IRA, Pension or Annuity Distribution	<b>\$9,512.00</b>		

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<b>Creditor's Name and Address</b>	<b>Dates of payment</b>	<b>Total amount paid</b>	<b>Amount you still owe</b>	<b>Was this payment for ...</b>
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**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Natalie Mimoso 512 W Areba Avenue Hershey, PA 17033	04/19 - 04/20	\$1,000.00	\$0.00	Personal loans

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				Include creditor's name

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

No

Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

No

Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
<b>Person to Whom You Gave the Gift and Address:</b>			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Charity's Name	Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
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**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Automobile accident - 2017 Chevrolet Sonic	\$9,379.20 paid toward loan from insurance	11/19	\$9,879.20

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Imblum Law Offices PC 4615 Derry Street Harrisburg, PA 17111 gary.imblum@imblumlaw.com	Attorney Fees	Retainer in the amount of \$1,495.00 includes the following fees: tri-merge credit report, credit counseling, filing fee and debtor education.	\$1,495.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
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#### **Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
T. Rowe Price	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	03/19	\$6,000.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- No  
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No  
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)

- A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation  
 No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name  
Address  
(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number  
Do not include Social Security number or ITIN.

Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No  
 Yes. Fill in the details below.

Name  
Address  
(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Michael A. Mimoso

Michael A. Mimoso  
Signature of Debtor 1

/s/ Amelie Mimoso

Amelie Mimoso  
Signature of Debtor 2

Date June 26, 2020

Date June 26, 2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Michael A. Mimoso</b>
Debtor 2 (Spouse, if filing)	<b>Amelie Mimoso</b>
United States Bankruptcy Court for the:	Middle District of Pennsylvania
Case number (if known)	<b>1:20-bk-01242</b>

Check as directed in lines 17 and 21:

- According to the calculations required by this Statement:
1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
3. The commitment period is 3 years.
4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

### Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.
- Not married. Fill out Column A, lines 2-11.
- Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>8,374.99</u>	\$ <u>0.00</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ <u>0.00</u>	
Ordinary and necessary operating expenses	-\$ <u>0.00</u>	
Net monthly income from rental or other real property	\$ <u>0.00</u>	Copy here -> \$ <u>0.00</u>

**7. Interest, dividends, and royalties**

<b>Column A</b> <b>Debtor 1</b>	<b>Column B</b> <b>Debtor 2 or non-filing spouse</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
 For your spouse ..... \$ **0.00**

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ <b>0.00</b>	\$ <b>0.00</b>
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**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
<b>+ \$ 0.00</b>	<b>\$ 0.00</b>

Total amounts from separate pages, if any.

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>8,374.99</b>	+ \$ <b>0.00</b>	= \$ <b>8,374.99</b>
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Total average monthly income

**Part 2: Determine How to Measure Your Deductions from Income****12. Copy your total average monthly income from line 11.** ..... \$ **8,374.99****13. Calculate the marital adjustment.** Check one:

- You are not married. Fill in 0 below.  
 You are married and your spouse is filing with you. Fill in 0 below.  
 You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$ _____	\$ _____
\$ _____	+\$ _____
Total ..... \$ <b>0.00</b>	Copy here=> - <b>0.00</b>

**14. Your current monthly income.** Subtract line 13 from line 12.

\$ <b>8,374.99</b>
--------------------

**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> ..... \$ **8,374.99**

Multiply line 15a by 12 (the number of months in a year).

**x 12**

15b. The result is your current monthly income for the year for this part of the form. ....

**\$ 100,499.88**

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

PA

16b. Fill in the number of people in your household.

4

16c. Fill in the median family income for your state and size of household.

\$ 103,316.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

- 17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. .... \$ 8,374.99

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

-\$ 0.00

19b. Subtract line 19a from line 18.

\$ 8,374.99

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. .... \$ 8,374.99

Multiply by 12 (the number of months in a year).

x 12

20b. The result is your current monthly income for the year for this part of the form

\$ 100,499.88

20c. Copy the median family income for your state and size of household from line 16c. ....

\$ 103,316.00

21. How do the lines compare?

- Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X /s/ Michael A. Mimoso

Michael A. Mimoso  
Signature of Debtor 1

Date June 26, 2020  
MM / DD / YYYY

X /s/ Amelie Mimoso

Amelie Mimoso  
Signature of Debtor 2

Date June 26, 2020  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+ \$75	<u>administrative fee</u>
\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+ \$75	<u>administrative fee</u>
\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### **Bankruptcy crimes have serious consequences**

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Middle District of Pennsylvania**

In re **Michael A. Mimoso**  
**Amelie Mimoso**

Debtor(s)

Case No.

Chapter **13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>see 5d below</b>
Prior to the filing of this statement I have received .....	\$ <b>1,085.00</b>
Balance Due .....	\$ <b>see 5d below</b>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**(Lodestar) SUPPLEMENT TO NUMBER 1, ABOVE:**

**Debtor's counsel will keep a record of all time invested in this case by counsel and paralegals. The hourly rate for Debtor's counsel is \$295.00 per hour. The hourly rate for associate counsel is \$235.00 per hour. The hourly rate for paralegal time is \$135.00 per hour. These hourly rates are subject to revision at the end of each calendar year.**

**In addition to fees, Debtor(s) will be responsible for expenses, including photo copying, travel (where applicable), postage, court costs, filing fees, and similar expenses which are incurred by counsel in the course of performing services for the Debtor(s).**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**None**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

/s/ Gary J. Imblum

**Gary J. Imblum**

*Signature of Attorney*

**Imblum Law Offices PC**

**4615 Derry Street**

**Harrisburg, PA 17111**

**717-238-5250 Fax: 717-558-8990**

**[gary.imblum@imblumlaw.com](mailto:gary.imblum@imblumlaw.com)**

*Name of law firm*

**United States Bankruptcy Court  
Middle District of Pennsylvania**

In re      **Michael A. Mimoso**  
             **Amelie Mimoso**

Debtor(s)

Case No. **1:20-bk-01242**  
Chapter **13**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: June 26, 2020

/s/ Michael A. Mimoso

**Michael A. Mimoso**

Signature of Debtor

Date: June 26, 2020

/s/ Amelie Mimoso

**Amelie Mimoso**

Signature of Debtor